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# WILTSHIRE COUNTY COUNCIL

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## *Annual Report*

OF THE

## *Principal School Medical Officer*

Being the report required to be made by the Principal School Medical Officer under Section 92 of  
the Education Act, 1944

FOR THE YEAR

*1961*



WILTSHIRE COUNTY COUNCIL

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# *Foreword*

On this occasion it is unnecessary to add in the foreword to the account of the health of school children and the work of the school health service which is given in the body of the report.

The good health and well-being of school children clearly depend upon the co-operative efforts of many, both in and out of school, and it is not only customary but a pleasure to acknowledge the important part played by general practitioners, consultants, teachers, parents and all those others who, although seldom mentioned, contribute much. The school health service itself provides certain specific and necessary measures which could not be fully effective alone. The staff of the service have worked with their usual enthusiasm and consistency and I should also like to thank the Chief Education Officer and the staff of his Department for their continued help.

One activity needs to be mentioned with which all should be concerned, the development of health education in schools. The recently increased interest in the dangers to health of smoking has demonstrated once more the difficulty of providing for children and young people clear, acceptable and effective teaching on health matters, especially when those with contrary interests are able to emit a torrent of skilfully devised counter-propaganda at a cost with which public expenditure has not yet attempted to compete. With the help of the small consultative committee consisting mainly of teachers, set up by the Education Committee, a more individual and better planned approach than in the past is being made to Wiltshire schools and the response is encouraging. By the use of flannelgraphs and other means we are seeking to place before the older children the facts not only on smoking but on other health topics, while primary school children are not forgotten. It is also hoped to arrange a short course of special training for medical officers and health visitors in the art and technique of talking to children, an essential part of health education which has many pitfalls for those not peculiarly talented in that way. Again, however, it must be stressed that example on the part of parents and teachers and in the hygiene of the schools themselves is of great importance in teaching the practice of healthy living, and that personal contact is more persuasive than print or pictures.

C. D. L. LYCETT.

County Hall,  
Trowbridge.

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# Staff

## Principal School Medical Officer and County Medical Officer of Health:—

C. D. L. Lycett, M.D., B.S., D.P.H.

## Deputy Principal School Medical Officer and Deputy County Medical Officer of Health:—

J. H. Whittles, *T.D.*, M.D., B.S., B.Sc., D.P.H.

## Senior Medical Officers:—

E. Hazel Williams, M.B., B.S., D.P.H., D.C.H.

S. W. W. Terry, M.B., B.S., D.P.H., D.T.M. and H.

## Principal Borough School Medical Officer, Medical Officer of Health and Area Medical Officer for Swindon:—

J. Urquhart, M.B., Ch.B., D.P.H.

## School Medical Officers and Assistant County Medical Officers:—

K. J. Adams, M.R.C.S., L.R.C.P., D.P.H. (Also Medical Officer of Health, Devizes Borough and Devizes Rural District.)

C. L. Broomhead, *T.D.*, M.D., B.Ch., B.A.O., D.P.H. (Also Medical Officer of Health Calne Borough, Chippenham Borough, Malmesbury Borough, Calne and Chippenham Rural District, Malmesbury Rural District.)

F. J. G. Lishman, M.D., B.S., D.P.H. (Also Medical Officer of Health Wilton Borough, Salisbury and Wilton Rural District, Mere and Tisbury Rural District.)

Jean Murray, M.B., Ch.B., D.P.H. (Also Medical Officer of Health Trowbridge Urban District, Bradford on Avon Urban District.) (Retired 8.7.61.)

J. L. Davies, M.B., B.S., D.P.H. (Also Medical Officer of Health Trowbridge Urban District and Bradford on Avon Urban District.) (Commenced 14.8.61.)

J. Reynolds, *M.C.*, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. (Also Medical Officer of Health, Warminster Urban District, Westbury Urban District, Warminster and Westbury Rural District.)

P. J. Speller, M.B., Ch.B., D.P.H. (Also Medical Officer of Health Melksham Urban District and Bradford on Avon and Melksham Rural District.)

E. M. Wright, *T.D.*, M.A., B.M., B.Ch., D.P.H. (Also Medical Officer of Health Salisbury City.)

D. M. Blomfield, M.B., B.S., D.P.H.

H. Margaret Hammond, M.B., Ch.B.

E. Kinnear, M.B., Ch.B., D.P.H.

Olga E. Nietupska, Med. Dipl. (Warsaw), D.P.H.

Mary W. Sturges, M.B., B.S., D.R.C.O.G.

Ethel M. Voigt, M.B., B.Ch., B.A.O.

## Psychiatrists (Part-Time):—

K. C. P. Smith, M.R.C.S., L.R.C.P., D.P.M.

T. A. A. Hunter, B.A., M.B., B.Ch., M.R.C.P.

## Principal School Dental Officer and Chief Dental Officer:—

D. Middleton, L. D. S.

**Orthodontist:—**

Dorothy M. Y. Campbell, L.D.S., D.D.O.

**School Dental Officers:—**

A. T. Craig, L.D.S.

F. H. R. Davey, *O.B.E.*, L.D.S.

E. C. Humphreys, L.D.S.

F. Lake, L.D.S.

J. S. MacLachlan, L.D.S. (Resigned 23.4.61.)

R. S. McMinn, L.D.S.

E. H. Randerson, L.D.S.

**Chief Administrative Assistant:—**

W. R. Brockway.

**Remedial Instructresses:—**

Mrs. C. Hett.

Miss D. M. Jones.

Miss E. M. Coakham. (Resigned 19.5.61.)

Miss A. Hall. (Commenced 28.8.61.)

Mrs. E. M. Blakeney (Part-Time).

Mrs. N. M. Sharman (Part-Time)

**Speech Therapists:—**

Miss P. M. Tovey (Resigned 31.10.61.)

Miss M. Thomas (Commenced 3.5.61.)

Miss B. Coombs (Commenced 1.9.61.)

**Hearing Therapist:—**

D. W. Brown, B.A.

**Audiometrician (Part-Time):**

Mrs. S. Brewis.

**Social Workers:—**

Mrs. D. J. Runswick.

Mrs. M. Kellas (Part-Time).

Mrs. V. N. Cole. (Commenced 1.9.61.)

**School Nursing Staff:—**

There are three whole-time school nurses and 47 health visitor/school nurses; 7 district nurses also devote part of their time to the work of the school health service. In the aggregate this is equivalent to the services of approximately 11 whole-time nurses.

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In accordance with the terms of the County Council's proposals under Section 111 of the Local Government Act 1933, the establishment of medical officers, other than headquarters staff, was increased by one to sixteen. Ten of these medical officers are also district medical officers of health, and all share in the clinical work of the School Health Service. The aggregate of their services for School Health Service purposes is equivalent to approximately five and three-quarters medical officers. The additional medical officer had not commenced duty by the end of 1961 and



two other posts of school medical officer/district medical officer were unfortunately vacant throughout the whole of the year. It was, therefore, again necessary to engage the services of medical officers on a part-time sessional basis and assistance in this way was given by Dr. Gwendoline Moffett, Dr. Jean Murray, Dr. Norah Pinkerton and Dr. Blaguigna Popham.

The establishment of dental officers is one principal school dental officer, eleven dental officers, one orthodontist and one assistant orthodontist. At the end of the year five of the school dental officer posts were vacant, and three had been vacant for over two-and-a-half years. The post of assistant orthodontist has also been vacant for over a year. Some sessional help has been given in two of the vacant areas.

## *School Population*

The number on the rolls of maintained schools outside the Borough of Swindon in January of each of the previous ten years is given below:—

Year	1951	...	...	...	...	37,098
	1952	...	...	...	...	38,098
	1953	...	...	...	...	40,500
	1954	...	...	...	...	41,939
	1955	...	...	...	...	43,031
	1956	...	...	...	...	44,282
	1957	...	...	...	...	45,655
	1958	...	...	...	...	46,145
	1959	...	...	...	...	47,289
	1960	...	...	...	...	47,854
	1961	...	...	...	...	48,270

In January 1962 the details were as follows:—

						<i>Number of Schools</i>	<i>Number on Roll</i>
Primary (including All-age Schools)	...	...	...	...	...	298	30,381
Secondary Modern	...	...	...	...	...	31	13,178
Technical	...	...	...	...	...	2	351
Grammar	...	...	...	...	...	10	4,587
Special School for E.S.N. Boys	...	...	...	...	...	1	56
Hospital Special School	...	...	...	...	...	1	58
						343	48,611

Excepted District of Swindon (in addition):—

Primary	...	...	...	...	...	36	10,739
Secondary Modern	...	...	...	...	...	10	5,192
Technical	...	...	...	...	...	—	—
Grammar	...	...	...	...	...	3	1,999
Special Day School for E.S.N. pupils	...	...	...	...	...	1	98
						50	18,028

# Medical Examination and Treatment

## GENERAL ARRANGEMENTS

Except in the two areas where alternative methods are being tried, and to which reference is made later, children in primary schools are examined as a routine at the ages of five and ten years and in secondary modern schools at the age of fourteen years. In grammar schools children are examined on entry if they have not previously been examined by the school medical officers or if they have missed examination at the age of ten in the primary schools, and again at the age of fifteen years. The medical officers visit each school once a year to examine children in these age groups and a second time to re-examine children who at the periodic examinations have been found to need further observation.

The numbers of children examined and re-examined during 1961 are given below. The figures in brackets are for the year 1960:—

Entrant Examination	...	...	...	...	...	...	...	3,860	(4,255)
Leaver Examination	...	...	...	...	...	...	...	3,672	(3,921)
Intermediate and other periodic examinations	...	...	...	...	...	...	...	5,085	(5,443)
(Pupils admitted to grammar schools who had not previously been examined or missed examination at the age of 10, primary and secondary modern school children who had missed examination in their age groups and children examined at the age of eight in one pilot area)									
								12,617	(13,619)
Special examinations	...	...	...	...	...	...	...	343	(268)
								12,960	(13,887)
Re-examinations	...	...	...	...	...	...	...	10,533	(13,993)

The fact that fewer children were examined than in 1960 was largely due to the vacancies for medical officers in two areas in the north-eastern part of the County remaining unfilled throughout the year, sickness amongst the medical staff and the need to give priority to poliomyelitis immunisation for a period during the summer. Sessional help was used whenever possible, but even so there was a net loss of time for school health service purposes almost equivalent to half the services of a full-time doctor. At the end of the year there were 1,876 children at 46 schools whose examinations had not been undertaken.

The number of children who attended for examination at the schools which the medical officers visited during 1961 was 91.2 per cent of the total of 14,212 due to be examined according to the returns made by the head teachers. The percentage in 1960 was 97.1. During the early summer however, measles was fairly widespread, particularly in infant schools, and some 2,400 cases were reported from 133 schools. Attendance at 70 schools was also affected by outbreaks of chickenpox and approximately 680 children were reported to have been absent on this account. Smaller outbreaks of other infectious disease also occurred and generally more sickness among children was reported than in the previous year. Attendance at medical examinations was no doubt also adversely affected by these causes. Children who are absent from the general medical examinations are brought forward at the next visit.



Refusals of medical examination were few and in all but one instance were withdrawn after the purpose and advantages of regular medical examination had been more fully explained, usually by the school health visitor calling and discussing the matter with the parents. The parents of the one child in whose case these methods failed left the County and the boy was withdrawn from the school, so that the need to take legal proceedings against them for their failure to present him for medical examination when required did not arise.

The following table shows the proportion of parents who attended at their children's periodic medical examinations:—

				<i>Percentage of parents present</i>		
				1961	1960	1959
Entrant examination	...	...	88.9	89.2	85.5	
Leaver examination	...	...	21.8	17.4	19.5	
Other periodic examinations	...	...	72.3	64.5	69.6	

The average of parents present at all examinations was 62.8 per cent, which was slightly better than in 1960 (59.2 per cent), but is disappointingly low.

At re-examinations, where parents are invited to be present, the percentage attending was even more disappointing, only 43.4 per cent compared with 57.7 per cent in 1960.

#### **Alternative Methods of Medical Examination**

Pilot schemes of medical examination are being tried in the following areas so that eventually the results may be compared with those in the rest of the County to decide which of the three methods provides the most effective means of keeping the health of school children under review.

- (i) *Stratton St. Margaret, Wroughton and Marlborough Secondary Modern School areas.*—Children are examined at the ages of five, eight, eleven and fourteen years instead of at five, ten and fourteen years.
- (ii) *Calne and Chippenham Secondary Modern School areas.*—Children are examined as a routine only on entry and in their last year at school. It is thought that the omission of the intermediate examination affords an opportunity to follow-up more thoroughly children found not to be in normal health and makes better use of the medical officer's time.

The suggestion has been made that by examining an intermediate group time is wasted in examining healthy children as only a small proportion of this group is found to need treatment. In Wiltshire, at any rate, it seems premature to make this assertion as the experimental scheme which omits it has not been running long enough to make a comparison. However, the figures for 1961 in respect of children in the greater part of the County who have three general medical examinations as a routine do not show that there is any great difference in the numbers found at the entrants' and intermediate examinations respectively to need treatment. Omitting children who needed advice only for defective vision, it was found that 24.3% of the entrant group and 22.1% of the intermediate group required treatment. At the leaver examination the proportion was 16.9%.

Under the experimental arrangements head teachers are asked to bring to the medical officers' notice any children not already under review by the medical officers about whose health or progress they or the parents are in any way concerned. The success of this method of examination, therefore, depends upon there being the fullest possible co-operation between medical officers, head teachers



and school health visitors. As the scheme has progressed, however, misgiving has arisen as to the efficacy of the arrangements and whether in fact defects are being missed. This impression is not supported by any statistical evidence, except that it seems that very few additional children who are not already under observation as a result of their entrants' examination are being brought to notice. It was decided, therefore, that the arrangements should be reviewed and some assessment made of the results so far obtained by comparison with those in the rest of the County. A meeting of medical officers concerned was called and it seemed that the impressions gained so far were that although the pilot scheme may have some advantages, it needed to be made more watertight and the children now aged ten examined to see whether defects which should have been noted earlier had in fact been missed. The examination of the children who have previously escaped inspection or have incomplete records and of the ten-year-olds will take place in 1962.

It was also thought that the arrangements would be strengthened if as soon as possible in each term the medical officers were to visit the schools at times and dates arranged in advance to suit the convenience of the heads and discuss the children about whose health or progress they were in doubt. Heads will be asked to give the names of the children who they wish to discuss so that the medical officers may have with them at the time any existing medical records for the children concerned. It will then be decided which of them are to be examined at the medical officer's next visit and the parents will be invited to attend. One of the weaknesses of the present arrangement has been that there was no opportunity for parents to be invited if children were presented to the medical officer without prior notice when he visited the school.

The form which parents are asked to fill in prior to their children being examined as entrants has also been revised so as to give the medical officers more complete details of the children's personal and family medical history when they are examined.

It is hoped that these measures will add to the effectiveness of the pilot scheme and enable some assessment of the results to be given in next year's report.

### FINDINGS AT MEDICAL EXAMINATIONS

The general physical condition of children at the periodic medical examinations was recorded as:—

							<i>Satisfactory</i>	<i>Unsatisfactory</i>
Entrants	...	...	...	...	...	...	98.8 per cent.	1.2 per cent.
Leavers	...	...	...	...	...	...	98.9 per cent.	1.1. per cent.
Intermediates and other Periodic Examinations							99.1 per cent.	0.9 per cent.

Only one per cent of all children examined were found to be unsatisfactory and in the following table the findings have been summarised further according to the ages of the children examined. Comparative figures are given in brackets for children examined at the same ages in the previous year.

Age Groups Examined	No. of Pupils Examined	Physical Condition of Pupils Examined			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col 2
		(3)	(4)	(5)	(6)
Ages					1961 1960
4	86	83	96.5	3	3.5 (—)
5	1,669	1,648	98.7	21	1.3 (1.5)
6	2,105	2,084	99.0	21	1.0 (1.9)
7	446	445	99.8	1	0.2 (3.0)
8	607	605	99.7	2	0.3 (1.6)
9	151	148	98.0	3	2.0 (1.1)
10	2,733	2,706	99.0	27	1.0 (1.2)
11	905	895	99.0	10	1.0 (0.9)
12	160	160	100	—	— (2.3)
13	83	82	98.8	1	1.2 (3.3)
14	2,538	2,504	98.7	34	1.3 (1.8)
15	1,134	1,127	99.4	7	.6 (2.5)
TOTAL ...	12,617	12,487	99.0	130	1.0 (1.7)

General condition was first recorded under these two headings in 1956, when the proportion of children noted as unsatisfactory was six per cent. In each of the subsequent years fewer children were found to be unsatisfactory, and the percentages were as follows:—

	1961	1960	1959	1958	1957	1956
Percentage unsatisfactory	1.0	1.7	3.2	4.6	*	6

\*Records destroyed in fire

Of the 12,617 children examined in the three main age groups, 2,462 (27.4 per cent) were found to require treatment. In 1960 the percentage was 26.6. More children were, however, found in 1961 to need treatment only for defective vision than in the previous year—705 compared with 616. If these children are omitted from the figures the proportion of those examined who were noted to require treatment for any other condition was 21.8 per cent, compared with 22.1 per cent in 1960.

The numbers of children in each main age group found to require treatment were as follows:—

Age Groups Examined	For defective vision (excluding squint)	For any of the other conditions recorded	Total individual pupils
Entrants ... ..	215	941	1,024
Leaver Examination ... ..	493	621	928
Other Periodic Examinations ... ..	502	1,195	1,510
	1,210	2,757	3,462



Comparative figures over a period of five years are given in the table below. The first column in each year is the number of children who needed treatment for any condition, including defective vision. The figures in brackets exclude children who were found to need treatment for defective vision only.

	1956	1958	1959	1960	1961
Entrants ... ..	27.2 (27.1)	22.6 (22.0)	26.4 (25.5)	26.9 (25.4)	26.5 (24.3)
Leaver Examination ... ..	27.6 (19.7)	33.5 (24.2)	28.6 (22.9)	28.0 (18.9)	25.3 (16.9)
Other periodic examinations ...	28.3 (24.2)	25.7 (22.0)	30.6 (22.3)	25.5 (22.8)	29.6 (23.5)
All examinations ... ..	27.7 (24.16)	27.0 (22.6)	28.8 (23.5)	26.6 (22.1)	27.4 (21.8)

In the following table the numbers of children referred for treatment have been analysed according to year of birth.

Age Groups examined (by year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded (3)	Total individual pupils (4)
1957 and later	3	22	24
1956	82	391	422
1955	130	528	578
1954	27	113	114
1953	57	146	165
1952	14	42	47
1951	264	606	799
1950	109	208	289
1949	18	40	50
1948	13	40	46
1947	317	471	626
1946 and earlier	176	150	302
TOTAL ... ..	1,210	2,757	3,462

The tables on pages 14 and 15 give details of the numbers and types of defects referred at periodic and special examinations respectively for treatment or further observation. Allowing for the fact that approximately one thousand fewer children were examined, comparison with the figures for 1960 which are given in brackets shows that there has been no very significant change in the prevalence of the various conditions noted, except that under the heading "Skin" almost 200 more children were recorded as requiring treatment or observation. This increase was largely accounted for by outbreaks of foot infection (tinea and plantar warts) at certain schools of which further details are given under the heading "Skin Conditions and Other Minor Ailments" on page 18.



The latest figures with which the findings in Wiltshire can be compared are those published in the report of the Chief Medical Officer of the Ministry of Education for the years 1958 and 1959. The recorded incidence in England and Wales in 1959 of certain conditions requiring observation or treatment, and treatment only, and of children requiring treatment for all conditions, per 1,000 examinations, are given below, with comparative figures for Wiltshire for the years 1959 and 1961.

	Requiring Treatment or Observation			Requiring Treatment		
	England and Wales		Wiltshire		England and Wales	
	1959	1959	1961	1959	1959	1961
Skin ... ..	27.12	36.74	49.37	13.9	20.1	31.7
Vision ... ..	114.37	170.52	173.26	61.4	99.8	94.9
Squint ... ..	19.63	23.24	23.62	10.6	16.8	16.9
Otitis Media ...	11.54	24.18	24.80	3.0	6.8	4.6
Heart ... ..	12.70	13.42	16.01	1.8	4.2	4.0
Lungs ... ..	24.61	20.73	25.12	5.4	5.6	8.3
Hernia ... ..	3.20	6.36	3.72	1.0	2.5	1.8
All Conditions ...				157.6	287.7	274.3

It will be noted that the Wiltshire figures are again relatively high. This has been the case for some years past and has been commented upon in previous annual reports. The inference seems to be that assessment by individual medical officers may be relatively strict, although there are variations between them, rather than an exceptionally high incidence of these conditions in Wiltshire. Examination of the tables in the Chief Medical Officer's Report shows that there are wide differences in the recorded findings in the various areas.

The general physical condition of Wiltshire children appears no worse than that for the rest of the country. In 1961, 99 per cent of children examined were recorded as satisfactory. For England and Wales generally the latest recorded figure was 98.9 per cent in 1959.

**RETURN OF DEFECTS FOUND BY MEDICAL EXAMINATION**  
**PERIODIC EXAMINATIONS**

Defect or Disease (2)						Periodic Examinations			
						Entrants	Leavers	Others	Total
Skin	...	...	...	...	T	98	167	135	400
					O	84	74	65	223
Eyes—(a) Vision	...	...	...	...	T	215	493	502	1,210
					O	478	188	310	976
					T	112	32	70	214
					O	28	13	43	84
					T	12	12	21	45
					O	10	21	12	43
Ears—(a) Hearing	...	...	...	...	T	113	19	67	199
					O	210	40	103	353
					T	43	5	10	58
					O	167	32	56	255
					T	22	13	13	48
					O	12	8	10	30
Nose and Throat	...	...	...	...	T	185	34	108	327
					O	584	64	266	914
Speech	...	...	...	...	T	46	8	33	87
					O	71	8	23	102
Lymphatic Glands	...	...	...	...	T	12	3	10	25
					O	281	12	99	392
Heart	...	...	...	...	T	16	10	25	51
					O	54	46	51	151
Lungs	...	...	...	...	T	54	15	37	106
					O	102	39	70	211
Developmental—(a) Hernia	...	...	...	...	T	13	—	9	22
					O	16	1	8	25
					T	19	18	21	58
					O	63	23	104	190
Orthopaedic — (a) Posture	...	...	...	...	T	59	91	171	321
					O	37	35	47	119
					T	159	120	196	475
					O	105	44	96	245
					T	90	61	130	281
					O	121	42	88	251
Nervous System—(a) Epilepsy	...	...	...	...	T	10	14	11	35
					O	15	5	9	29
					T	14	4	20	38
					O	22	2	19	43
Psychological—(a) Development	...	...	...	...	T	12	46	57	115
					O	66	14	66	146
					T	14	12	19	45
					O	70	21	76	167
Abdomen	...	...	...	...	T	13	8	9	30
					O	36	11	18	65
Other	...	...	...	...	T	28	40	45	113
					O	45	146	76	267

T. Requiring Treatment.

O. Requiring Observation

## SPECIAL EXAMINATIONS

Defect or Disease (2)								Special Inspections (3)	
Skin	...	...	...	...	...	...	T	7	(9)
							O	9	(4)
Eyes—(a) Vision	...	...	...	...	...	...	T	32	(39)
							O	28	(5)
(b) Squint	...	...	...	...	...	...	T	4	(4)
							O	4	(5)
(c) Other	...	...	...	...	...	...	T	1	—
							O	—	(3)
Ears—(a) Hearing	...	...	...	...	...	...	T	21	(16)
							O	40	(15)
(b) Otitis Media	...	...	...	...	...	...	T	3	(9)
							O	8	(7)
(c) Other	...	...	...	...	...	...	T	1	(—)
							O	—	(—)
Nose and Throat	...	...	...	...	...	...	T	6	(12)
							O	18	(10)
Speech	...	...	...	...	...	...	T	11	(15)
							O	10	(1)
Lymphatic Glands	...	...	...	...	...	...	T	1	(2)
							O	11	(6)
Heart	...	...	...	...	...	...	T	4	(—)
							O	6	(—)
Lungs	...	...	...	...	...	...	T	4	(7)
							O	6	(3)
Developmental—(a) Hernia	...	...	...	...	...	...	T	—	(1)
							O	1	(—)
(b) Other	...	...	...	...	...	...	T	—	(3)
							O	6	(4)
Orthopaedic — (a) Posture	...	...	...	...	...	...	T	4	(12)
							O	18	(2)
(b) Feet	...	...	...	...	...	...	T	13	(5)
							O	19	(—)
(c) Other	...	...	...	...	...	...	T	8	(9)
							O	7	(2)
Nervous System—(a) Epilepsy	...	...	...	...	...	...	T	3	(4)
							O	2	(3)
(b) Other	...	...	...	...	...	...	T	1	(2)
							O	2	(1)
Psychological—(a) Development	...	...	...	...	...	...	T	7	(6)
							O	14	(2)
(b) Stability	...	...	...	...	...	...	T	6	(6)
							O	11	(8)
Abdomen	...	...	...	...	...	...	T	1	(4)
							O	2	(2)
Other	...	...	...	...	...	...	T	10	(5)
							O	14	(6)

T—Requiring Treatment

O—Requiring Observation



## CLEANLINESS

Routine inspections continued to be made in the primary and secondary modern schools, the arrangements being for the school nurses or school health visitors to visit each school once a term to examine all the children. Although some 4,000 fewer inspections were made in 1961 than in the previous year—115,733 compared with 119,802—because of sickness among the health visiting staff and vacancies in the establishment, the number of pupils found to be infested was almost the same—199 compared with 203. This is at the rate of 0.5 % of the numbers on roll in the primary and secondary modern schools and is the same as for the previous three years. Ten years ago the rate was more than four times as high and the gradual fall in the incidence of infestation is illustrated in the following figures for the years 1951 onwards.

		1951	1952	1953	1954	1955	1956	1958	1959	1960	1961
Children found to be infested	...	944	805	822	831	366	252	233	226	203	199
Percentage of school population	...	2.2	1.9	1.9	1.9	0.8	0.7	0.5	0.5	0.5	0.5
Cleansing notices issued	... ..	217	172	193	146	91	51	30	26	40	41

Cleansing notices requiring exclusion from school for short periods to avoid others becoming infested were issued in respect of only 41 children. The others were not seriously infested and exclusion from school was not considered necessary. Usually parents are only too anxious to co-operate over their children's cleansing and are often distressed when the need for it arises. On the other hand there are unfortunately a few families where the children are repeatedly found to be infested and prolonged and intensive effort on the part of the school health visitor is required to achieve and maintain a satisfactory standard of cleanliness. The problem is essentially a family one and the approach has always been that of education in hygiene and health, for which the nurse's visits to the school afford an opportunity, combined with inspection, rather than resort to formal measures involving prosecution, which at best would in most instances only result in a nominal fine.

The Education Committee have considered during the year whether these inspections could be dispensed with in secondary modern schools. In Wiltshire they have never been undertaken in grammar schools, although there seems no logical basis for this omission which has in fact been used as an argument that they should cease in secondary modern schools where there seems to be a growing feeling against the inspections. It has been suggested that doubtful cases could always be brought to the notice of the nurse when she visits the school at the beginning of each term. Alternatives might be to discontinue cleanliness inspections as a routine for an experimental period at those secondary modern schools where the children have been vermin-free or to try such an experiment in all secondary modern schools for a period of two or three years and then do a trial examination of all the children. However, there appears to be a strong case for a regular personal inspection for each child by the school health visitor, though less emphasis on head lice and more on general personal hygiene and health education is required.

The following table shows that there is a slightly lower rate of infestation in secondary modern schools, particularly among girls, than in primary schools, although in neither is the figure high. For each of the past three years the percentages of girls in secondary modern schools who have been found to be infested has decreased (0.87, 0.73, 0.58) and it seems now that it might be opportune to modify the arrangements.

**Primary Schools**

<i>Aged</i>	<i>Numbers on Roll</i>			<i>Children Infested</i>			
	<i>Boys</i>	<i>Girls</i>	<i>Total</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>	
4	583	533	1,116	—	1	1	
5	2,240	1,959	4,200	6	12	18	
6	2,231	2,135	4,366	6	10	16	
7	2,215	2,090	4,305	5	13	18	
8	2,264	2,200	4,466	8	14	22	
9	2,086	2,043	4,129	9	21	30	
10	2,128	2,012	4,140	8	19	27	
11	679	648	1,327	1	5	6	
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	
	14,426	13,620	28,046	43	96	139	
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	
Percentage of number on roll:			1961	...	0.30	0.70	0.41
			1960	...	0.25	0.83	0.53
			1959	...	0.29	0.84	0.56

**All-age Schools**

<i>Aged</i>	<i>Numbers on Roll</i>			<i>Children Infested</i>			
	<i>Boys</i>	<i>Girls</i>	<i>Total</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>	
4	21	17	38	—	—	—	
5	102	95	197	—	—	—	
6	111	114	225	—	2	2	
7	144	108	252	—	1	1	
8	136	133	269	—	2	2	
9	127	111	238	1	—	1	
10	132	121	253	2	—	2	
11	112	112	224	—	1	1	
12	121	103	224	—	1	1	
13	108	97	205	—	1	1	
14	102	102	204	—	3	3	
15	5	1	6	1	—	1	
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	
	1,221	1,114	2,335	4	11	15	
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	
Percentage of number on roll:			1961	...	0.33	0.97	0.64
			1960	...	0.06	0.58	0.30
			1959	...	0.24	0.27	0.26

**Secondary Modern Schools**

<i>Numbers on Roll</i>				<i>Children Infested</i>				
<i>Aged</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>		
11	1,115	1,121	2,236	3	6	9		
12	1,584	1,643	3,227	2	9	11		
13	1,752	1,642	3,394	1	12	13		
14	1,879	1,705	3,584	2	4	6		
15	358	248	606	1	6	7		
16	64	53	117	—	—	—		
17	3	11	14	—	—	—		
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>		
	6,755	6,423	13,178	9	37	46		
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>		
Percentage of number on roll:				1961	...	0.13	0.58	0.35
				1960	...	0.05	0.73	0.38
				1959	...	0.15	0.89	0.51



**Infested Children: Percentage of number on roll**

			<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Primary Schools, including All-age Schools	...	1961	0.30	0.73	0.51
		1960	0.22	0.80	0.51
		1959	0.29	0.79	0.53
Secondary Modern Schools ...	... ..	1961	0.13	0.58	0.35
		1960	0.05	0.73	0.38
		1959	0.15	0.89	0.51

**SKIN CONDITIONS AND OTHER MINOR AILMENTS**

At periodic medical examinations during the year 400 children were recorded as having skin conditions needing treatment. This was at the rate of 31.7 per 1,000 examinations. The rate fluctuates from year to year and for the previous years for which records are available the figures were as follows:—

1960	21.1 per 1,000 examinations
1959	20.1 „ „ „
1958	26.5 „ „ „
1957	Records destroyed in fire at County Hall
1956	23.6 per 1,000 examinations
1955	23.9 „ „ „
1954	17.9 „ „ „

The unusually high rate for 1961 was partly accounted for by the outbreaks of tinea pedis and veruccae which occurred at three schools, of which further details are given below. At two of these schools the incidence of skin conditions noted for treatment per 1,000 inspections was exceptional—177.6 and 60.6. At the third school it was 17.2. At the two schools with the higher rates the numbers referred for treatment were more than half the total for the whole County.

The schools concerned were a secondary modern girls school, a technical school and a junior school. Special investigations were undertaken at each by the medical officers assisted by the school health visitors. The outbreak at the secondary modern girls school commenced in 1960, but cases were still occurring in 1961, and many children were still under observation and treatment. The results of further special inspections at this school during 1961 and of investigations at the other two schools were as follows:—

	Children examined	Conditions noted and requiring treatment			
		Tinea	Veruccae	Tinea & Veruccae	Other
Secondary Modern Girls' School	341	59	9	—	—
Technical School ... ..	185	51	—	1	1
Junior School (Boys and Girls) ...	461	34	3	4	1

The use of the school showers, bare-foot physical exercises and dancing were suspended, although it is uncertain how far these encourage the spread of tinea and veruccae.

As an additional precaution a suitable powder was supplied to each of the schools for the pupils to use, with their parents' consent, to dust their feet whether or not they were affected. In the more severe cases of tinea infection children who were not already attending their own doctors were referred to them for advice. Fifteen children with veruccae who were not being treated by their doctors were referred to chiropodists under the Education Authority's arrangements.



In spite of these measures the outbreak at the secondary modern school which started in the previous year was slow in clearing up and continued until the end of May.

At the junior school the general standard of foot hygiene was found to be very poor and home visits were made by the school health visitor where necessary.

The more significant skin conditions most commonly noted at school medical examinations were warts and veruccae. If there was no near-by clinic to which the children could be referred those with warts were referred to their own doctors or in more severe cases to skin specialists. For children with veruccae, treatment was usually provided through the Authority's arrangements with chiropodists in private practice.

In the following table details are given of children who attended the medical officers' clinics for treatment of skin conditions and other minor ailments, and of those noted by school health visitors at their routine school inspections to need treatment for such conditions. It will be noted that except for warts and veruccae the figures recorded under each heading were lower than in 1960.

				Attended Minor Ailments Clinic			Reported by School Nurse	Total			
				Salisbury	Trowbridge	*Lydiard Park					
SKIN CONDITIONS:—											
Ringworm: (a) Scalp ... ..				—	(—)	—	(—)	1	(2)	1	(2)
(b) Body ... ..				—	(—)	—	(—)	9	(15)	9	(16)
Scabies ... ..				—	(—)	—	(—)	1	(8)	1	(8)
Impetigo ... ..				—	(—)	—	(—)	46	(72)	46	(72)
Others—											
Rashes ... ..				—	(—)	—	(—)	—	(3)	—	(4)
Warts ... ..				44	(38)	1	(—)	—	(—)	45	(38)
Veruccae ... ..				10	(6)	33	(35)	—	(—)	43	(41)
Boils ... ..				—	(1)	—	(—)	—	(—)	—	(1)
Sores ... ..				—	(—)	1	(—)	14	(6)	15	(7)
Eczema ... ..				—	(—)	—	(—)	—	(1)	—	(1)
Dermatitis ... ..				4	(3)	—	(—)	—	(—)	4	(3)
Alopecia ... ..				—	(1)	—	(—)	—	(—)	—	(1)
Dandruff ... ..				21	(15)	—	(—)	—	(—)	21	(15)
Skin Spots ... ..				25	(36)	—	(1)	—	(—)	25	(37)
Herpes ... ..				—	(—)	—	(2)	1	(—)	1	(2)
Abrasions ... ..				—	(—)	—	(—)	—	(—)	—	(6)
Flea Bites ... ..				—	(—)	—	(—)	6	(—)	6	(—)
				104	(100)	35	(40)	—	(7)	78	(107)
EXTERNAL EYE CONDITIONS:—											
Blepharitis ... ..				6	(9)	—	(—)	—	(2)	6	(11)
Conjunctivitis ... ..				—	(—)	—	(—)	32	(65)	32	(65)
OTHER MINOR AILMENTS ... ..				80	(95)	32	(48)	—	(—)	113	(143)
NUMBER WHO ATTENDED ... ..				190	(204)	67	(88)	—	(—)	257	(299)
TOTAL ATTENDANCES ... ..				353	(402)	67	(88)	—	(—)	420	(498)

The figures in brackets relate to the year 1960.

\*Clinic closed in May, 1960.

The cases of impetigo and conjunctivitis recorded in the table were sporadic and there was no significant concentration at any one school.



## *Other Examinations*

Special examinations under the following headings were undertaken by the school medical officers.

### **EMPLOYMENT OF CHILDREN AND YOUNG PERSONS**

Under the provisions of the Bye-Laws made by the Education Authority under Part II of the Children and Young Persons Act, children over the age of 13 years are allowed to be employed for one hour before school in approved occupations if the school medical officer is satisfied that such employment will not be prejudicial to their health and development or render them unfit to obtain proper benefit from their schooling. Children of this age may also be employed after school hours and at week-ends for prescribed periods and in approved occupations without prior approval by the school medical officer.

Most of the children who work before school deliver newspapers and special appointments for medical examination are arranged for them unless they have only very recently been seen by the medical officers in the course of routine examination at school and have been found to be in normal health. Children employed in this way are kept under review by the medical officers at their normal school visits. During 1961, 256 children were examined and certificates permitting their employment before school hours were given for 249 and refused for seven. In 1960 the numbers were 278 and four respectively.

### **CHILDREN IN CARE**

Regulations require that children who are boarded-out by the Children's Committee with foster-parents shall be medically examined annually. As far as possible these examinations are undertaken by the school medical officers at their visits to schools. Children who are absent and those under school age are referred for examination to the doctors who normally attend the foster-parents' families, who make reports to the Authority. The number of children examined by the school medical officers during 1961 was 89, compared with 101 in the previous year.

Regulations also require that homes maintained by the Children's Committee shall be visited by a doctor regularly. The Home Office recommend that children under the age of twelve months shall be seen monthly, those under the age of five years quarterly and older children annually. These examinations are also undertaken by the County medical staff so that for children from the age of five there can be continuity of observation in the home and at school. In most cases the medical officer who visits the home also sees the children in school. Statutory medical record cards are kept in the homes in addition to the children's school medical record cards and each is kept up to date with the other. This arrangement also gives an opportunity for contact to be maintained generally between the County medical staff and the children's homes.

### **MEDICAL EXAMINATION OF ENTRANTS TO COURSES OF TRAINING FOR TEACHING AND TO THE TEACHING PROFESSION**

The Ministry of Education requires the examinations under this heading to be undertaken by the school medical officers. At Salisbury, Trowbridge and Swindon the examinations are usually arranged at the school clinic, but elsewhere can only be undertaken at the end of child welfare sessions. During 1961, 129 entrants to teacher training colleges and 29 entrants to the teaching profession were examined. In 1960 the comparative figures were 125 and 19 respectively.



# *Special Forms of Diagnosis and Treatment*

## HEARING LOSS IN SCHOOL CHILDREN

The importance of measures being taken at the earliest possible age for the detection of hearing loss in children was emphasised in my report last year. These start with screening tests by health visitors of all infants at the age of three to four months, and any whose hearing is in doubt are referred to otologists for investigation and any necessary treatment. The Hearing Therapist in the Health Department works in close association with the otologists and follows up all children suspected of having a hearing loss. He assists in the assessment of their hearing and gives advice and help to parents and children. Although his work is primarily with pre-school children, he is also concerned with school children and those from the age of two who seem likely to need special educational treatment.

The report of the Hearing Therapist regarding school children is as follows:—

“Throughout the year supervision of children with impaired hearing was continued. Eight children wearing hearing aids received regular training. Twenty-nine other children wearing hearing aids at school were kept under observation and advice was given to them, their parents and teachers as necessary.

“Eight children were issued with Medresco transistor hearing aids during the year and financial assistance was given towards the purchase of special commercial hearing aids for four children.

“Two hundred and twenty sessions with 79 children were held in the course of 182 visits to 48 schools. Two hundred and twenty five home visits were made to 57 children for the purposes of training and testing.

“Greater emphasis was placed during the year on tests of hearing for children who were suspected to be educationally retarded. A sweep-frequency pure tone audiometric test was carried out on 90 such children, of whom 20 failed the test. A full analysis of this scheme will be carried out at the end of its next full year's operation.

“Children who did not co-operate at the routine school audiometric sessions but showed evidence of hearing difficulty, speech defect or backwardness were followed up immediately by the Hearing Therapist. Complete pure tone tests were carried out after periods of training where necessary. Two of the children examined were found to have significant partial hearing losses and were subsequently issued with hearing aids.”

The work of the Hearing Therapist is closely associated with that of the Audiometrician, who visits all primary schools and tests the hearing of children during their first year at school by means of a pure tone audiometer. Any children not in the entrant group who are suspected of having hearing difficulty are also tested while the Audiometrician is at the school. Children found to have a hearing loss of 20 decibels at two or more frequencies are considered to be failures and a full audiogram is completed for them. As far as possible the tests are arranged in the same term as the entrants are due to be medically examined but in advance of the doctors' visits so that they may have the results when they see the children and advise on any further clinical investigation which seems necessary. Unfortunately the audiometrician cannot visit all schools in advance of the medical officers and to avoid delaying full investigation of children whose audiograms show this to be necessary they are referred to otologists without waiting for the school medical officers to examine them.



The aim of the screening tests in infancy followed by routine audiometry early in school life is to ensure that as far as possible no child with a hearing loss goes undetected until it has become an obvious educational handicap, and that when necessary treatment or special educational measures, including hearing aids, are provided at the earliest possible moment.

Unfortunately, the Audiometrician was off duty at the beginning of the year for a period of several weeks because of illness and later in the year for a longer period as a result of a car accident. She was, therefore, unable to complete the year's programme of work.

During 1961 the Audiometrician visited 207 or 76.6 per cent of the 270 primary schools and at these schools 3,239 or 66.02 per cent of all entrants were tested. Of the remainder, in the schools visited 462 (9.42 per cent) children were absent and 80 (1.63 per cent) could not be tested within the time allowed for school visits. Both these groups of children will be included in the testing carried out in 1962. The 63 schools not visited contained 1,125 or 22.93 per cent of the total entrants to school. These children's hearing will be tested by the Audiometrician as she visits the schools during the course of this year.

The results of audiometry and the action taken in the case of the children who failed the test are set out below:—

	<i>Entrants</i>	<i>Specials</i>	<i>Total</i>
Children tested ... ..	3239	866	4105
No positive result ... ..	206	7	213
Children who failed test ... ..	248	225	473
Percentage of failures in children completing test ...	7.6 %	25.9 %	11.5 %
Audiogram repeated and result satisfactory ... ..	1	—	1
Audiogram repeated and referred E.N.T. Clinic ... ..	3	1	4*
Audiogram to be repeated and result awaited at the end of the year ... ..	84	35	119
No action necessary after further investigation ... ..	10	21	31
Awaiting examination by school medical officers ...	64	69	133
Already under observation at E.N.T. clinics and audiograms forwarded to clinics ... ..	13	31	44
Referred to family doctors ... ..	2	13	15
Referred to E.N.T. clinics ... ..	71	53	124†
Removed to other areas ... ..	3	2	5
Referred to Hampshire, where child lives ... ..	—	1	1

\*Included in †

Of the 124 children who were referred to the ear, nose and throat clinics, 78 attended before the end of the year. Two entrants failed to keep the appointments arranged for them and 44 (27 entrants and 17 special cases) were awaiting appointments at the end of the year.

The results of attendance at the ear, nose and throat clinics are summarised in the following table:—

	<i>Entrants</i>	<i>Specials</i>	<i>Totals</i>
Tonsils and adenoids removed or other operation performed, and hearing then satisfactory ... ..	2	4	6
Had treatment other than operation and hearing then satisfactory ... ..	1	—	1
Loss of hearing due to wax; wax removed and hearing satisfactory ... ..	1	—	1
Discharged from clinic after one or more visits and no treatment. Hearing found to be within normal limits...	9	11	20
Non-congenital or congenital deafness; no treatment advised beyond sitting in a favourable position in class...	1	3	4
Awaiting removal of tonsils and/or adenoids ... ..	6	2	8
Still under observation at clinic on 31.12.61 ... ..	20	15	35
Left Wiltshire before investigated fully ... ..	1	1	2
Provided with hearing aid ... ..	1	—	1

### EAR, NOSE AND THROAT CLINICS

The arrangements with the regional hospital boards for ear, nose and throat clinics continued unchanged during 1961. This has been said in successive reports for a number of years because there has been very little change in the basis of these arrangements since the inauguration of the National Health Service in 1948. However, it is clear that a gradual change has been taking place in the relationship of these clinics to the school health service and to the National Health Service. The main cause of the change has been the increasing tendency for school children to obtain ear, nose and throat treatment by going to their family doctors and then direct to hospital out-patient departments, whereas previously most of them went to clinics arranged by the County Council.

Before the National Health Service, the County Council's ear, nose and throat scheme provided an opportunity for pre-school children and children attending maintained schools to obtain specialist advice and treatment, at first at a cost within the means of their parents and, after the Education Act 1944 came into force, free of charge. Consequently parents who sought treatment for their children often did so through the school health service. Others, anxious to avoid the cost of family doctors' fees and of specialist treatment, may have delayed seeking advice until their children were seen in the ordinary way by the school medical officers. The advantage offered by the County scheme was removed by the National Health Service. At first the habit of using the County service continued, but gradually the numbers attending the ear, nose and throat clinics has tended to fall. This has also been partly because the clinics for children at some hospitals have ceased to be separate sessions and patients referred to the specialist through the school health service have attended ordinary out-patient sessions. At Corsham, however, where the clinics are held on County Council premises, and at Salisbury where the consultants prefer to see school and pre-school children at special times, separate clinics are still held. In these areas general practitioners often refer children to consultants through the school health service, but elsewhere it is naturally now more usual for them to make their appointments direct with the hospitals.



These developments have brought a change in the part the school health service has to play in the ear, nose and throat treatment of school children. Although its clinic facilities are available to all school and pre-school children as before, the school health service now concentrates more on arranging early treatment for defects, particularly of hearing, which are found through its facilities for early discovery and on finding those children who need specialist advice but whose parents for one reason or another do not themselves seek help.

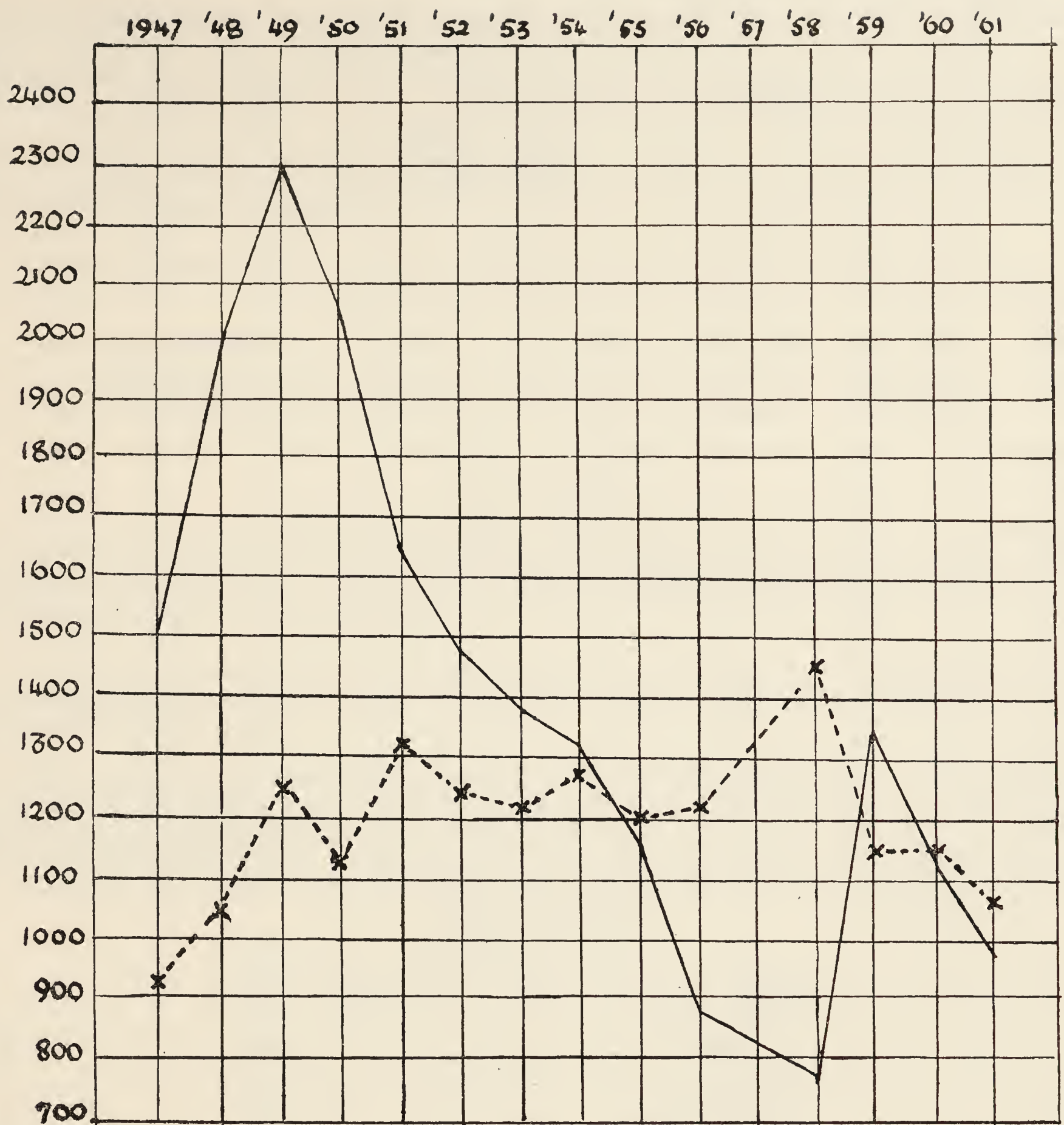
The failure of parents to seek treatment for their children may be due to ignorance, indifference or failure to realise the need for treatment. Sometimes parents of children with slight but longstanding conditions, such as a minor hearing loss or mouth breathing, may be so used to their children having them that they scarcely realise they are abnormal or perhaps may not notice a slow deterioration. But the school medical officer, comparing his notes at successive examinations, is able to appreciate the situation and to give the consultant a record of the results of the examinations over a period. This record may save the consultant from having to keep the child under observation before deciding on treatment.

Some parents of children referred by school medical officers fail to keep the appointments. Every such instance is closely followed up by letter, home visits by the health visitor and by the school medical officer at re-examinations. Every attempt is made to secure the parents' co-operation by persuasion and educating them in care of their children, and only very occasionally, when a child's health appears to be seriously jeopardised, is the assistance of the N.S.P.C.C. called for. This involves a considerable amount of work, but it is a service which the school health service is well able to provide.

The importance of this part of the school health service work is not always appreciated. Appointments which are not kept are naturally a source of annoyance and the reaction may be to wish to remove the names of the children concerned from the out-patient or operation waiting lists without it being realised what the school health service is trying to do. Meetings between school medical officers and consultants in the different hospital regions may help to overcome such misunderstandings.

When children are given appointments at clinics through the County Council's arrangements the consultants' reports are sent to the school health service and the findings recorded on the main school medical record card for the information of the school medical officer. Now that most school children sent to ear, nose and throat specialists by general practitioners are referred direct to the hospitals, it has become necessary for information about them to be obtained from the hospitals if the school medical officers are to have the information they need. Several of the specialists appreciate this need and automatically send copies of their reports to the Principal School Medical Officer. Others provide the information on request.

The graph below shows the decline in the numbers of children attending clinics arranged by the County Council through the regional hospital boards. This, of course, reflects factors other than those discussed above, such as the improvement in the general condition of the children which is noted on page 11, and the practice of keeping children who may need tonsillectomy under observation for a period before asking a specialist to see them. The rise between 1958 and 1959 followed the introduction of audiometry in 1957 and the consequent increase in the number of children needing further investigation of possible hearing defects. It also partly reflects the clearing-off of the arrears following reconstruction of records after the fire at County Hall in 1958.



— Children attending ear, nose and throat clinics

x - - - x Children attending orthopaedic clinics



The following tables show the work done at the ear, nose and throat clinics during 1961 and the clinic waiting list at the end of that year.

Clinic	Attendance	Children Examined	Operations Performed						Otherwise treated	
			Nose and Throat			Ear				
			T. & A.	Other (without T. & A.)	Other (in addition to T. & A.)	Mastoid	Other	Nose and Throat	Ear	
Bath ... ..	153 (83)	118 (66)	22 (12)	30 (19)	2 (—)	3 (1)	4 (2)	12 (2)	9 (4)	
Bristol ... ..	3 (2)	3 (2)	1 (—)	— (1)	— (1)	— (—)	— (—)	— (—)	— (—)	
Chippenham	121 (160)	94 (127)	25 (37)	36 (28)	— (1)	— (—)	1 (3)	4 (2)	6 (6)	
Cirencester ...	11 (9)	10 (9)	1 (3)	2 (—)	— (—)	— (—)	— (—)	— (1)	— (—)	
Corsham ... ..	118 (155)	80 (113)	19 (22)	5 (10)	1 (2)	— (—)	— (—)	5 (1)	10 (13)	
Devizes ... ..	16 (39)	10 (30)	— (6)	7 (11)	— (—)	— (—)	— (1)	— (2)	— (2)	
Malmesbury ...	12 (33)	11 (29)	8 (15)	1 (1)	2 (—)	— (—)	— (—)	— (—)	2 (5)	
Melksham ... ..	28 (72)	24 (56)	14 (15)	10 (13)	1 (1)	— (—)	— (1)	— (2)	— (3)	
Radcliffe Infirmary	— (1)	— (1)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	
Salisbury ... ..	521 (536)	345 (362)	460 (494)	17 (28)	9 (7)	— (1)	17 (13)	12 (11)	25 (22)	
Savernake ... ..	43 (40)	33 (33)	8 (—)	5 (5)	— (1)	— (—)	— (1)	1 (—)	— (1)	
Shaftesbury ...	4 (3)	4 (3)	— (4)	— (—)	— (—)	— (—)	— (1)	— (—)	— (—)	
Swindon ... ..	244 (239)	205 (209)	71 (45)	52 (28)	3 (4)	2 (1)	4 (5)	11 (17)	12 (8)	
Trowbridge ... ..	48 (96)	34 (59)	4 (3)	3 (7)	4 (4)	— (—)	— (4)	— (4)	3 (5)	
Warminster ... ..	20 (29)	18 (21)	2 (3)	— (1)	— (—)	— (—)	— (1)	1 (—)	1 (1)	
Westbury ... ..	17 (2)	7 (1)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	1 (—)	
TOTALS ... ..	1359 (1499)	996 (1121)	635 (659)	168 (152)	22 (21)	5 (3)	26 (32)	46 (42)	69 (70)	

#### Clinic Waiting List

Bath ...	5 (2)
Chippenham ...	1 (—)
Corsham ...	5 (3)
Devizes ...	— (—)
Malmesbury ...	2 (4)
Melksham ...	1 (—)
Salisbury ...	40 (10)
Savernake ...	3 (2)
Shaftesbury ...	— (—)
Swindon ...	22 (3)
Trowbridge ...	— (3)
Warminster ...	— (2)
Westbury ...	1 (—)
Totals ...	80 (29)

## HEART CLINICS

The arrangements for heart clinics made in conjunction with the regional hospital boards continued without change. At Trowbridge and Corsham special clinics are held by Dr. J. A. Cosh. The former is on hospital premises and the latter at the County Council clinic. At Salisbury separate special sessions are held by Dr. R. G. R. Longridge at the Salisbury General Infirmary. Elsewhere patients are referred to ordinary paediatric out-patient sessions. As these are not primarily for the investigation of possible heart conditions the children who attended are not included in the table below but are shown under the heading "Paediatric" in the section on Other Specialist Consultation and Treatment on page 31.

The following table shows the number of children who attended the heart clinics:—

		<i>Trowbridge</i>	<i>Corsham</i>	<i>Salisbury</i>	<i>Total</i>
New patients	...	14 (12)	2 (4)	13 (14)	29 (30)
Old patients	...	25 (34)	26 (11)	30 (29)	81 (74)
Total attendances		41 (51)	28 (15)	46 (46)	115 (112)

## EYE CLINICS

The proportion of children found at periodic examinations to require or to be already receiving treatment for eye conditions increased from the previous year—11.64 per cent of those examined compared with 10.70 per cent. For defective vision only there was little change—9.59 per cent in 1961 compared with 9.71 per cent in 1960.

The number of children referred for treatment for squint in 1961, including those who were already receiving such treatment, was 1.69 per cent of those examined in the periodic age groups compared with 1.60 in 1960.

Details are given in the table below of the numbers of children examined in each of the periodic age groups and of "special cases" who were found to need ophthalmic advice or were already receiving treatment for eye conditions.

	No. Examined (1)	No. found to need or to be receiving treatment (2)				Percentage Col. (2) of Col. (1) (3)			
		Defective Vision	Squint	Other	Total	Defective Vision	Squint	Other	Total
Entrants ... ..	3,860	215	112	12	339	5.57	2.91	.31	8.78
Leavers ... ..	3,672	493	32	12	537	13.42	.87	.33	14.64
Intermediate and other periodic examinations	5,085	502	70	21	593	9.87	1.38	.41	11.66
Total periodic ... ..	12,617	1,210	214	45	1,469	9.59	1.69	.36	11.64
Special examinations ...	343	32	4	1	37	9.33	1.16	.29	10.78
Total All examinations ...	12,960	1,242	218	46	1,506	9.58	1.68	.36	11.62

It will be seen that the proportion of children needing treatment for defective vision was highest in the leaver group. This does not mean that the need for ophthalmic advice escaped notice until the children were examined in their last year at school, as, of course, the figures include children who were referred for treatment earlier and were still under treatment.



In addition to the sight tests at periodic examinations, all children are given a further test at the age of eight. There are 273 schools which admit children of this age, of which 32 are in the area where the pilot scheme provides for the examination of an additional age group and the medical officers examine eight-year-old children as a routine. At the other 241 schools the sight testing is undertaken by the health visitor/school nurses. The number tested and the results were as follows:—

Number tested	...	...	...	...	...	...	...	3,478	
Found to have normal vision	...	...	...	...	...	...	...	2,892	(83.2 per cent)
Found to have slight visual defect and noted for further observation by medical officer at next school visit	...	...	...	...	...	...	...	453	(13.0 per cent)
Referred to eye clinic	...	...	...	...	...	...	...	133	(3.8 per cent)

Ophthalmic treatment for school children is provided through the hospital eye service at clinics which are held specially for them under arrangements made with hospital management committees. Details are given in the table below of attendances during the year. The figures include those of children referred for the first time as a result of medical examination at school or sight testing by the health visitor/school nurse, and of those already under observation at the clinics who attended again for periodic review.

Children with eye conditions other than errors of refraction and squint	...	...	...	...	...	...	...	36	(31)
Children with errors of refraction and squint	...	...	...	...	...	...	...	2,670	(2,527)
Children for whom glasses were prescribed	...	...	...	...	...	...	...	1,538	(1,448)
Total attendances of children	...	...	...	...	...	...	...	4,455	(4,315)

The figures in brackets are for the year 1960.

Sometimes the pressure on these clinics becomes greater than can be absorbed and waiting lists of children for appointments accumulate. Usually these are of children who already have glasses and are due to come back to the clinics for review. Difficulties of this kind arose at Devizes and special arrangements were made for children whose appointments were overdue to be seen by ophthalmic medical practitioners through the Supplementary Eye Service. The situation at the Salisbury clinic, where there are also waiting lists, is now under consideration. Elsewhere in the County there were no appreciable waiting lists at the end of the year.

Not all children recommended attend at the hospital eye clinics, their parents preferring instead to obtain advice for them through the Supplementary Eye Service from ophthalmic medical practitioners or opticians. Sometimes it is found that this step is taken because parents have not wished to wait longer for appointments for their children at the clinics. Under arrangements made with the Ophthalmic Services Committee information is received from ophthalmic medical practitioners and opticians when school children are brought to them for advice, and this is added to their school health records. Such information was received in respect of 309 children, of whom 273 had glasses prescribed.

The total number of children known to have received advice during the year either through the hospital eye service or the Supplementary Eye Service was 3,015.

Children have a test for colour vision by the Ishihara method when they are examined at school by the medical officers at the age of ten. Children living in the area served by the Trowbridge clinic who fail this test are given the opportunity to attend at the clinic for a more precise test by means of the Giles Archer lantern. This test determines whether children are "safe" or "unsafe" colour-blind. Thirty-one boys attended the clinic during the year and were examined by this means. Sixteen were found to be "safe" and 15 "unsafe" colour-blind. It is the intention to extend this arrangement to the Salisbury area when the new central clinic there is ready for occupation and to other areas as clinics become available.



### ORTHOPAEDIC TREATMENT

In 1961, 1,102 children were referred as a result of school medical examination for orthopaedic treatment, compared with 929 in 1960. This is 8.5 per cent of those examined, compared with 6.7 in 1960 and 7.1 in 1959.

The conditions for which treatment was advised were recorded as:—

	<i>No. of Children</i>					<i>Percentage of Children Examined</i>				
	1961	1960	1959	1958	1956	1961	1960	1959	1958	1956
Defects of posture ...	325	326	327	492	331	2.51	2.34	2.6	3.1	2.6
Foot conditions ...	488	318	402	642	444	3.76	2.28	3.2	4.0	3.4
Other conditions ...	289	285	261	414	434	2.23	2.05	2.0	2.6	3.4

The number of children referred for treatment in each of the age groups was as follows:—

	<i>Entrants</i>		<i>Intermediates (including other periodic examinations)</i>		<i>Leavers</i>		<i>Special cases</i>	
	1961	1960	1961	1960	1961	1960	1961	1960
Posture ...	...	59	...	171	...	91	...	4
Foot conditions ...	...	159	...	196	...	120	...	13
Other conditions ...	...	90	...	130	...	61	...	8
		308		497		272		25
Percentage of children examined ...	...	7.97	...	9.77	...	7.41	...	7.28

School medical officers, when recommending treatment for these defects, either referred the children to orthopaedic clinics or to the remedial instructresses for treatment by exercises. In addition, recommendations are received from general practitioners and other specialist clinics for attendance at the orthopaedic clinic.

A summary of the work done in 1961 is given below. Comparative figures for 1960 are given in brackets.

#### (a) Orthopaedic Clinics and Hospital Treatment

The number of children who attended at the clinics for the first time during 1961 and of those who were referred in previous years and remained under observation was as follows:—

Clinic	Children attending for the first time during 1961		Children referred in previous years and remaining under observation		Total	
CALNE ...	40	(37)	71	(44)	111	(81)
CHIPPENHAM ...	52	(77)	82	(79)	134	(156)
CORSHAM ...	17	(17)	36	(33)	53	(50)
DEVIZES ...	24	(34)	85	(90)	109	(124)
MALMESBURY ...	28	(20)	98	(123)	126	(143)
SALISBURY ...	93	(95)	23	(46)	116	(141)
SAVERNAKE ...	3	(6)	3	(6)	6	(12)
SWINDON ...	12	(13)	1	—	13	(13)
TROWBRIDGE ...	52	(67)	211	(224)	263	(291)
WARMINSTER ...	25	(20)	92	(97)	117	(117)
	346	(386)	702	(742)	1,048	(1,128)



The total number of attendances was 2196.

Two-hundred and thirty-nine children received in-patient treatment at the Bath and Wessex Orthopaedic Hospital during 1961.

The influences discussed on page 23 which have affected the ear, nose and throat clinics since the commencement of the National Health Service might also have been expected to apply to the orthopaedic clinics but the numbers attending those clinics do not show the same fall. The graph on page 25 shows this. This is, at least in part, due to special considerations affecting the orthopaedic clinics.

The western part of the County, which is in the area of the South Western Regional Hospital Board, is served by decentralised clinics organised from the Bath and Wessex Orthopaedic Hospital. Historically, these clinics were set up by the County Council in conjunction with that Hospital in the period between the wars. Some are held on hospital premises but others are at the County Council Clinics at Trowbridge and Corsham and in halls or other premises hired for the purpose. The close co-operation between the Hospital and the County Council has survived the setting up of the National Health Service. There is a part-time secretary for each clinic and she sends to the Principal School Medical Officer a list of the children who attend each session with the notes for those who have seen the surgeons. The Bath and Wessex Orthopaedic Hospital also provides a copy of the summary of treatment on the discharge of each patient. Thus for this part of the County complete information about the children receiving orthopaedic treatment is available. In the other areas the surgeons send to the Principal School Medical Officer copies of letters they write to general practitioners about school children.

While no relevant statistics are available it seems likely that a higher proportion of school children referred to orthopaedic clinics are referred by school medical officers than is the case with some other specialist clinics. Many of the conditions for which the opinion of the orthopaedic specialist is sought are not apparent to parents until they become sufficiently advanced to cause pain or obvious disability. This is a field in which the school health service is able to prevent disability in later life by the early detection of defects in school children.

#### **(b) Remedial Exercises Classes**

Another reason for the continued demand for the facilities provided by the school health service in conjunction with the regional hospital boards is that the County Council provides remedial exercises classes which are complementary to the orthopaedic clinics. These classes were an essential part of the original scheme mentioned above of orthopaedic treatment for children set up in conjunction with the Bath and Wessex Orthopaedic Hospital. Although many of the children receiving remedial exercises do so on the recommendation of school medical officers, these exercises also form an extension in the schools of the treatment at the orthopaedic clinics and many children are referred to the instructresses on the recommendation of the orthopaedic surgeons. It is natural that, in view of the history of the service, this should be particularly true in the area served by the Bath and Wessex Orthopaedic Hospital.

In other areas attempts have been made to secure a closer association between the orthopaedic clinics and the remedial exercises service. A meeting of medical officers and remedial instructresses with the surgeon at Salisbury took place during the year. Agreement has recently been obtained from the surgeon at Swindon for the instructress who works in that area to attend his clinic at regular intervals and he has been kind enough to offer to plan his appointments so that the maximum benefit can be obtained from these visits.



The number of schools visited and the children treated are shown in the following table:—

	Total	Mrs. Hett	Miss Jones	Miss Coakham and Miss Hall	Mrs. Blakeney	Mrs. Sharman	P.E. Teachers
(a) Number of schools visited, including those where P.E. teachers conducted classes	269 (273)	60 (60)	109 (109)	78 (75)	18 (19)	4 (4)	6 (6)
(b) Number of children treated ...	2118 (2366)	641 (756)	567 (628)	596 (489)	251 (289)	63 (70)	70 (134)
(c) Number of children discharged during the year included under (b)	737 (578)	237 (155)	213 (252)	191 (79)	78 (64)	11 (16)	7 (12)

The defects treated were mainly as follows:—

	Mrs. Hett	Miss Jones	Miss Coakham and Miss Hall	Mrs. Blakeney	Mrs. Sharman	Total
Valgus ankles and flat feet ...	321 (306)	216 (240)	281 (211)	176 (145)	8 (10)	1,002 (912)
Club and varus feet ...	16 (11)	3 (2)	1 (7)	6 (4)	— (Nil)	26 (24)
Knock knee ...	104 (84)	161 (166)	112 (81)	46 (47)	28 (28)	451 (406)
Curling and overlapping toes	44 (44)	26 (29)	16 (12)	26 (40)	1 (1)	113 (126)
Hallux valgus ...	16 (19)	13 (14)	9 (5)	13 (11)	— (Nil)	51 (49)
Faulty posture ... i.e. juvenile kyphosis, scoliosis and lordosis)	270 (286)	200 (245)	334 (263)	121 (113)	19 (23)	944 (930)
Faulty thorax development (and asthma)	141 (121)	81 (79)	45 (22)	40 (44)	12 (14)	319 (280)
TOTALS ...	912 (871)	700 (775)	798 (601)	428 (404)	68 (76)	2,906 (2,727)

Children are also referred from ear, nose and throat clinics for deep breathing exercises and for general physical improvement. The numbers were:—

Miss Coakham  
and Miss Hall  
— (Nil)

Mrs. Hett  
16 (13)

Miss Jones  
1 (4)

Mrs. Blakeney  
— (2)

Mrs. Sharman  
— (Nil)

Total  
17 (19)

#### OTHER SPECIALIST CONSULTATION AND TREATMENT

Children who, when examined by the medical officers in school, are considered to be in need of specialist advice for conditions not provided for under the clinic arrangements already mentioned are referred to consultants in the hospital out-patient departments. During the year appointments were made for 104 children as follows:—

Paediatric ...	66
Skin ...	18
Surgical ...	12
Plastic ...	7
Gynaecological ...	1



Before such appointments are made family doctors are consulted, as they always are whenever a child is to be referred to a specialist other than for ophthalmic advice, so that if they prefer they may make the appointments themselves. Both the doctors and the Principal School Medical Officer receive copies of the consultants' reports. Copies of their reports to doctors are also received from consultants in respect of other children not referred through the school health service who have attended their hospital clinics or received in-patient treatment. The information so received is added to the children's school medical record cards so that it is available to the medical officers when they next see the children in school, and enables advice to be given to teachers when restrictions of a child's activities in school or other precautions are necessary on medical grounds. It also sometimes indicates the need for further follow-up from the educational standpoint.

Although there is this very considerable measure of co-operation and exchange of information between the school health service, the hospital service and the general practitioners it is by no means certain that information is received from all hospitals of all children who attend there. Fewer reports were received this year than in 1960, but this may have been coincidental and it is to be hoped that there will be no general falling-off in the submission of reports from hospitals which have proved of such considerable value and have been greatly appreciated.

### CHIROPODY

Chiropody treatment is not available for school children through the National Health Service and is, therefore, provided under arrangements made between the Authority and chiropodists in private practice at Salisbury, Swindon, Trowbridge, Chippenham, Malmesbury and Melksham. During the year treatment was provided for 105 children for the following conditions (the figures in brackets relate to 1960):—

Veruccae	...	...	...	83	(85)
Corns	...	...	...	18	(6)
Callosities	...	...	...	2	(2)
Ingrowing toenails	...	...	...	2	(—)
Septic toenails	...	...	...	—	(1)
Total	...	...	...	105	(94)

Children are referred individually to the chiropodists at their consulting rooms on the recommendations of the school medical officers. The condition for which treatment is most frequently found to be necessary is veruccae (plantar warts), and of the 83 cases included in the above figures, 23 were noted at school medical examinations, 43 at minor ailments clinics, and 17 in the course of investigation of the outbreaks of foot infection at the three schools to which reference is made on page 18.

Apart from these 17 cases, there was no concentration at any one school, the cases occurring sporadically at intervals throughout the year.

## *Child Guidance*

The child guidance team during 1961 consisted of:—

Dr. K. C. P. Smith, Psychiatrist.  
 Dr. T. A. A. Hunter, Psychiatrist.  
 Mr. R. A. Dare, Educational Psychologist.  
 Miss B. T. Skelsey, Educational Psychologist.  
 Mr. J. R. Green, Educational Psychologist (commenced 1.9.1961).  
 Mrs. D. G. Runswick, Psychiatric Social Worker.  
 Mrs. V. N. Cole, Child Guidance Social Worker (commenced 1.9.1961).  
 Mrs. M. Kellas, Part-time Child Guidance Social Worker.  
 Miss J. Riddle, Secretary (commenced 13.2.1961).  
 Mrs. S. P. Blackburn, Secretary (commenced 19.4.1961, resigned 31.10.1961).  
 Mrs. C. M. Jones, Secretary (commenced 20.11.1961).

### Centres

The child guidance sessions have been held at the following centres:—

The County Council Clinic, The Halve, Trowbridge	Mondays all day
The Clinic, 81 Bath Road, Swindon ... ..	Thursdays all day
The Clinic, Priory Road, Swindon ... ..	Friday mornings and some Monday mornings*
The Baptist Church Institute, Brown Street, Salisbury	Tuesday mornings and some Monday mornings*
The County Council Clinic, Fuller Avenue, Corsham	Monday morning and some other Monday mornings*
The County Council Clinic, Kingsbury Street, Marlborough	Afternoon of second Tuesday in each month

\*The Monday morning clinics are held at either of these centres according to need, except on the third Monday of each month, when there is regularly a clinic at Corsham.

In the report for 1960 a description was given of the future pattern of the Wiltshire child guidance service in the light of Ministry of Education Circular 347. The expansion provided for in those plans has continued. The psychiatrists' clinic sessions, which also serve the Excepted District of Swindon, have been increased from 25 to 29 per four weeks. The number of psychologists was increased from two to three by the appointment of Mr. J. R. Green. It was still impossible to secure the services of a psychiatric social worker to fill the post which has been vacant since January 1959, but Mrs. Cole, who holds a diploma of social science, was appointed in September 1961 as a child guidance social worker to fill this vacancy and the establishment was increased so that the services of Mrs. Kellas as a child guidance social worker could be retained on a half-time basis. A second secretary commenced duty on 19th April, 1961.

The County has been divided into three areas for the purpose of the work of the psychologists, both for the child guidance service and the school psychological service. Although the latter is not the responsibility of the Principal School Medical Officer it is often closely associated with the child guidance service. The combination of these two functions in the psychologists helps co-ordination between child guidance and the educational services. The children about whom teachers and parents seek educational advice from the psychologists are often found by them to need advice



through the child guidance service and when the need for educational advice is discovered through a child's attendance at the child guidance clinics, the psychologists are able to follow up the children's needs in the schools with a first-hand knowledge of the psychiatrist's views.

A difficulty which has become more apparent in the year is that of finding special school places for maladjusted children. The only school for such children in the County is the Sutcliffe School at Winsley, which normally admits boys between the ages of seven to eleven years. There is also an arrangement with the Somerset County Council for the use of their hostels for maladjusted boys, Southfields, at Ilminster, and girls, Halcon House at Taunton. These hostels provide boarding accommodation and the children attend local ordinary schools. Both the hostels cater for mildly maladjusted children in need of a short stay in a hostel to make them fit to return to their homes. There is no school locally for boys and girls who are older than eleven years and who need long-term places. Those on the Ministry of Education's list of special schools are so much in demand that it is almost impossible to secure a child's admission.

It has been the policy to keep maladjusted children at ordinary schools as far as possible and to recommend special schooling only as a last resort. When such a recommendation is made a school rather than a hostel is often required and the need is not infrequently urgent. Even so there are maladjusted children who would have benefited from special schooling, but the psychiatrists have not recommended it because they have known that such a recommendation could not be implemented within a reasonable time.

The right solution is to make increased special school provision for severely maladjusted children in this area. This need will be partly met by a new school which is planned at Cam in Gloucestershire where places for five Wiltshire children will be available. The use of independent boarding schools which are not listed as special schools by the Ministry of Education, but which are either set up specifically to deal with maladjusted children or admit a limited number of maladjusted pupils who are educated alongside normal children is much less satisfactory. Ministry of Education Circular 4/61 dated 27th March 1961 permits the use of such schools by local education authorities, but requires that by 1st January 1964 only schools which have been recognised as efficient by the Minister may be used. There are many schools recognised as efficient but the majority only accept normal children. Before sending a maladjusted child to one it is essential to ensure as far as possible that the school is suitable for that particular child. This is done by making enquiries of the local Education Authority for the area in which the school is situated. Needless to say, it takes a long time to build up a list of such schools and to know the particular type of child they cater for. At the end of 1961 of 28 maladjusted children in residential schools and hostels, eight boys from this County were receiving education in five independent schools.

The following tables show the work done in the child guidance clinics during the year:—

#### Case Load

In 1961 259 children referred to the child guidance centres were seen by the psychiatrists and educational psychologists at the respective centres. When possible the homes were previously visited by the social workers.

	1961	1960	1959
Number of initial interviews with children and parents ... ..	259	268	227
Number of children seen as a consultation only ... ..	—	—	5
Number of children seen regularly by psychiatrists ... ..	551	504	441
Number of children discharged by psychiatrists ... ..	230	184	116
Total number of therapeutic interviews with children and parents by psychiatrists ... ..	1,213	1,036	880
Initial home visits by psychiatric social worker and child guidance workers ... ..	223	147	143
Follow-up home visits by psychiatric social worker and child guidance workers ... ..	323	208	123
Other visits by psychiatric social worker ... ..	46	52	36

The distribution of the <sup>259</sup>~~268~~ new cases for 1961 between the centres was as follows:—

					1961	1960	1959
Trowbridge	...	...	...	...	69	71	76
Salisbury	...	...	...	...	65	52	57
Swindon	...	...	...	...	103	133	86
Corsham	...	...	...	...	13	12	8
Marlborough	...	...	...	...	9	—	—

### New Cases

The 259 children were referred in the first instance by:—

					1961	1960	1959
School medical officers	...	...	...	...	92	60	96
Chief Education Officer	...	...	...	...	10	4	7
Children's Officer	...	...	...	...	4	10	7
Head teachers	...	...	...	...	11	15	7
Parents	...	...	...	...	14	10	8
General medical practitioners	...	...	...	...	61	64	31
Probation officers	...	...	...	...	6	5	2
Medical specialists	...	...	...	...	12	23	30
Juvenile court	...	...	...	...	—	1	—
Swindon Borough School Medical Officer					49	76	39

(including other sources of reference in Swindon as listed above)

### Children's Problems

The problems for which the 259 children were referred are summarised under the following classifications:—

					1961	1960	1959
(1) Nervous Disorders	...	...	...	...	26	51	22
(e.g. fear, seclusiveness, depression, excitability or obsessions)							
(2) Habit Disorders and Physical Symptoms	...	...	...	...	77	88	89
(e.g. speech, sleep, movement, feeding and excretory disorders, nervous pains, fits)							
(3) Behaviour Disorders	...	...	...	...	104	94	87
(e.g. unmanageable temper, aggressiveness, jealousy, demanding attention, stealing, lying, truancy, sex difficulties)							
(4) Educational and Vocational Difficulties	...	...	...	...	45	26	20
(e.g. backwardness, inability to concentrate, special disabilities)							
(5) Special Examination	...	...	...	...	7	9	9
(e.g. educational advice, vocational guidance, court examination)							



## Analysis of Closed Cases

	Improved	Unchanged				Total
		Treatment unsuccessful		Other reasons		
Ascertained as E.S.N. ... ..	— (—)	1 (—)	3 (1)	4 (1)		
Treatment completed ... ..	140 (110)	2 (—)	3 (1)	145 (111)		
Recommended special education ... ..	3 (1)	— (—)	5 (3)	8 (4)		
Left school, removed from district, and/or referred to other agencies ... ..	8 (24)	— (2)	35 (14)	43 (40)		
Closed at parents' request ... ..	7 (15)	2 (—)	3 (3)	12 (18)		
Non-co-operation of parents ... ..	2 (5)	3 (1)	13 (4)	18 (10)		
TOTALS ... ..	161 (155)	8 (3)	62 (26)	230 (184)		

(The figures in brackets are for 1960)

## TREATMENT OF NOCTURNAL ENURESIS

The arrangements for the treatment of nocturnal enuresis by the bell apparatus have continued. Dr. Jean Murray, the medical officer for this experimental clinic since its commencement in 1956, retired in July and her place was taken by Dr. J. L. Davies. Dr. Murray's experience in the work had led to her having considerable enthusiasm for it. She was able to add to this an intimate knowledge of the people in the Trowbridge area which the clinic served.

During the year 28 new cases received a first course of treatment, with the following results:—

Treatment successful ... ..	17
Improved but not completely cured ... ..	1
Treatment not completed—was treated by general practitioner instead	1
Removed from County before treatment completed ... ..	1
Treatment not successful:—	
Did not co-operate fully—awaiting further trial ... ..	1
Too immature—awaiting further trial ... ..	1
Referred to child guidance centre ... ..	1
	3
Under treatment at the end of the year ... ..	5
	28

The children whose treatment was considered satisfactory will be reviewed either by inquiry of the parents or at school medical examinations, and any who have relapsed will be given further appointments. Of the 17 shown above as having a successful first course of treatment three had relapsed before the end of the year and were awaiting further treatment.

## Speech Therapy

As in the previous year, the work was seriously hampered by staff changes and the establishment of speech therapists was only at full strength for two months during the year. Miss P. A. Tovey worked single-handed until May, when Miss M. Thomas commenced duty, and the third post was not filled until September, when Miss B. M. Coombs commenced duty. Miss Tovey left at the end of October, and at the end of the year a successor had not been appointed. The staffing difficulties in Wiltshire unfortunately reflect a general shortage of speech therapists which has lasted for some years.

Since October the clinics at Warminster, Mere, Melksham, Calne and Westbury have been suspended and the frequency of sessions at some other centres reduced so as to keep as many of the remaining clinics in operation as possible.

The number of children referred to the speech clinics in 1961 for the first time was less than in the previous year—127 compared with 189. Including those already under treatment at the beginning of the year, fewer children attended the clinics—357 compared with 393 in 1960. At the end of the year 122 children were still awaiting their first appointments. This was 15 fewer than at the end of 1960.

In addition to seeing children at the clinics, the speech therapists make home visits whenever possible to discuss the children's treatment with the parents and to see them in their home background. During the year 167 home visits were made.

The following tables show the number of new cases referred during the year for speech therapy and their disposal, and children treated.

### A. Children referred for speech therapy and disposal

	Corsham	Chippenham	Rowdeford	Malmesbury	Trowbridge	Bradford	Burton Hill House	Calne	Odstock Spastic	Salisbury	Warminster	Mere	Westbury	Amesbury	Devizes	Marlborough	Melksham	Swindon	
Children referred in 1961 ...	4	9	2	7	10	3	3	5	1	20	6	4	3	15	10	7	4	14	127
Accepted for treatment or observation ...	4	8	2	6	9	3	3	5	1	18	6	4	3	13	9	7	4	13	118
Treatment deferred but kept under observation ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Treatment refused or found to be unnecessary ...	—	1	—	1	1	—	—	—	—	2	—	—	—	2	1	—	—	1	9
Awaiting appointment on 31.12.61	7	4	—	7	8	1	—	4	—	17	13	5	11	19	2	8	4	12	122



## B. Children treated

	Corsham	Chippenham	Rowdeford	Malmesbury	Trowbridge	Bradford	Burton Hill House	Calne	Odstock Spastic	Salisbury	Warminster	Mere	Westbury	Amesbury	Devizes	Marlborough	Melksham	Swindon	
Under treatment or observation at beginning of year ...	13	30	5	5	19	5	6	9	7	36	14	11	10	10	23	9	9	20	241
Attending first time in 1961 ...	13	23	2	10	9	2	3	3	1	11	2	3	—	8	11	3	5	7	116
Discharged during 1961 ...	12	15	2	3	5	1	5	2	3	12	7	3	—	10	12	—	4	9	105
Still under treatment or observation, 31.12.61 ...	14	38	5	12	23	6	4	10	5	35	9	11	10	8	22	12	10	18	252
DIAGNOSIS—																			
Dyslalia ...	14	38	4	11	19	2	1	5	—	32	11	12	4	13	22	7	11	19	225
Stammer ...	11	15	3	4	6	4	—	7	—	12	2	1	5	4	6	3	1	7	91
Dyslalia and Stammer ...	—	—	—	—	—	—	—	—	—	1	—	—	—	—	3	—	—	—	4
Alalia ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Spastic ...	—	—	—	—	—	—	8	—	8	1	—	—	—	—	—	1	—	1	19
Cleft Palate ...	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	1	—	3
Partially Deaf ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	2
Others ...	1	—	—	—	2	1	—	—	—	1	2	1	1	1	2	—	1	—	13

N.B.—*Alalia*: Absence of articulation and language in children.

*Dyslalia*: Defects of articulation or slow development of articulatory patterns, including substitutions, distortions, omissions and transpositions of the sounds of speech.

*Sigmatism*: Defective articulation of s and z.

Comments by the two speech therapists are as follows:—

#### Miss B. M. Coombs

“The attendance at the clinics which have been re-opened after many months has been good.

“The majority of the cases admitted are those of dyslalia and sigmatism accounts for a large percentage of the latter.

“Of the stammering cases quite a number have been of younger children in whom the onset of speech was very early. These cases seem to respond well when treatment is indirect and a good contact is made with the parents.”

#### Miss M. Thomas

“Looking into the figures for my clinics I find that the average age of patients on admittance to the speech clinic appears to be seven years eight months. By this age the period of spontaneous learning is definitely on the wane and faulty habits of speech are firmly established. Teaching children to make correct sounds then becomes a hard task and lessens the chances of a perfect result.

“I hope that eventually it will be possible to reach a point where those children whose speech is suspect can be seen and treatment started (where necessary) very shortly after the first school medical examination. I have found that the head teachers and staff in Wiltshire schools are most co-operative and helpful and school visiting has become a most enjoyable part of my work.”



## *Handicapped Children*

The table in Appendix II on page 65 gives details of handicapped children in the various categories. It will be seen that 148 children examined by the school medical officers during 1961 were found to need special educational treatment and that of these 105 were educationally sub-normal. Of this number, 58 were recommended for special educational treatment in ordinary schools and 45 for admission to special schools. The remaining 43 children who were ascertained to need special educational treatment in other categories were also recommended for admission to special schools. Vacancies were found for 23 of the children ascertained in 1961 and for 48 whose names were previously on the waiting list, but at the end of the year there were still 218 children for whom vacancies were needed. One hundred and ninety-four of these were educationally sub-normal. The number of children then in special schools was 228, of whom 112 were educationally sub-normal.

Further details of handicapped children are as follows:—

### **Educationally Sub-Normal Children**

The new special school for educationally sub-normal boys at Chippenham is expected to be completed about the end of 1963. The present school for boys at Rowdeford will then become available for girls. The waiting list of 194 cannot be materially reduced in the meantime.

In the 1960 report attention was drawn to the increase in the last few years of educationally sub-normal children known to need special education in ordinary schools. This increase continued in 1961 but less rapidly. The graph on page 41 shows this, and there are now 283 such children. There is no special provision for many of these children, but they receive such help as their head teachers are able to provide. In larger schools and particularly in secondary modern schools they go into classes in the lowest stream. An encouraging development during the year was the appointment of the first remedial teachers who to begin with are at first concentrating mainly on children whose reading ability has not kept pace with their general mental development. This has provided an opportunity for some of the educationally sub-normal children in ordinary schools to have special reading lessons. However, these arrangements are at present confined mainly to rural primary schools where it is impossible to provide a class for backward children.

Besides children who have been ascertained as educationally sub-normal and children found at the child guidance centres to need remedial teaching, there are some who are included in the remedial teachers' groups at the request of their head teachers; the Chief Education Officer provides their names so that the possibility of visual or hearing defects or other medical reasons for poor progress can be investigated. The remedial teachers have also been given a talk by a medical officer on the effect of sensory defects in backward children, the need to report these defects and how they can recognise their possible existence in pupils.

### **Maladjusted Children**

The child guidance section of this report refers on page 34 to the shortage of suitable places for maladjusted children. Although the table below shows a significant reduction in the number of children awaiting admission to schools and hostels, it conceals the fact that some of the children admitted during the year went to hostels which provide for short-stay cases because they could not be placed in schools of the type they really needed.



	1955	1956	1957	1958	1959	1960	1961
Ascertained during the year as needing admission to special schools or hostels ... ..	3	10	not known	4	5	13	13
Admitted during the year to special schools or hostels ... ..	1	6	not known	5	6	7	12
In special schools or hostels at the end of the year	11	not known	not known	17	16	18	28
Awaiting admission to special schools or hostels at the end of the year ... ..	1	not known	not known	1	6	12	7

### Blind Children

Four boys and five girls are at present at residential schools for blind children. No children were newly ascertained during the year to need special schooling because of blindness and none is awaiting a vacancy.

### Partially Sighted Children

One boy was ascertained as being in need of special schooling because of impaired vision, and he and one other boy and one girl whose names were already on the waiting list were admitted to special schools during the year. None is awaiting a vacancy and there are now six boys and six girls at special schools. Children in this category are usually sent to the West of England School for partially sighted children at Exeter, but one of the two boys who were awaiting vacancies was admitted to the special class which was started in 1960 at Exhall Grange School in Warwickshire for children of grammar school potential.

### Deaf Children

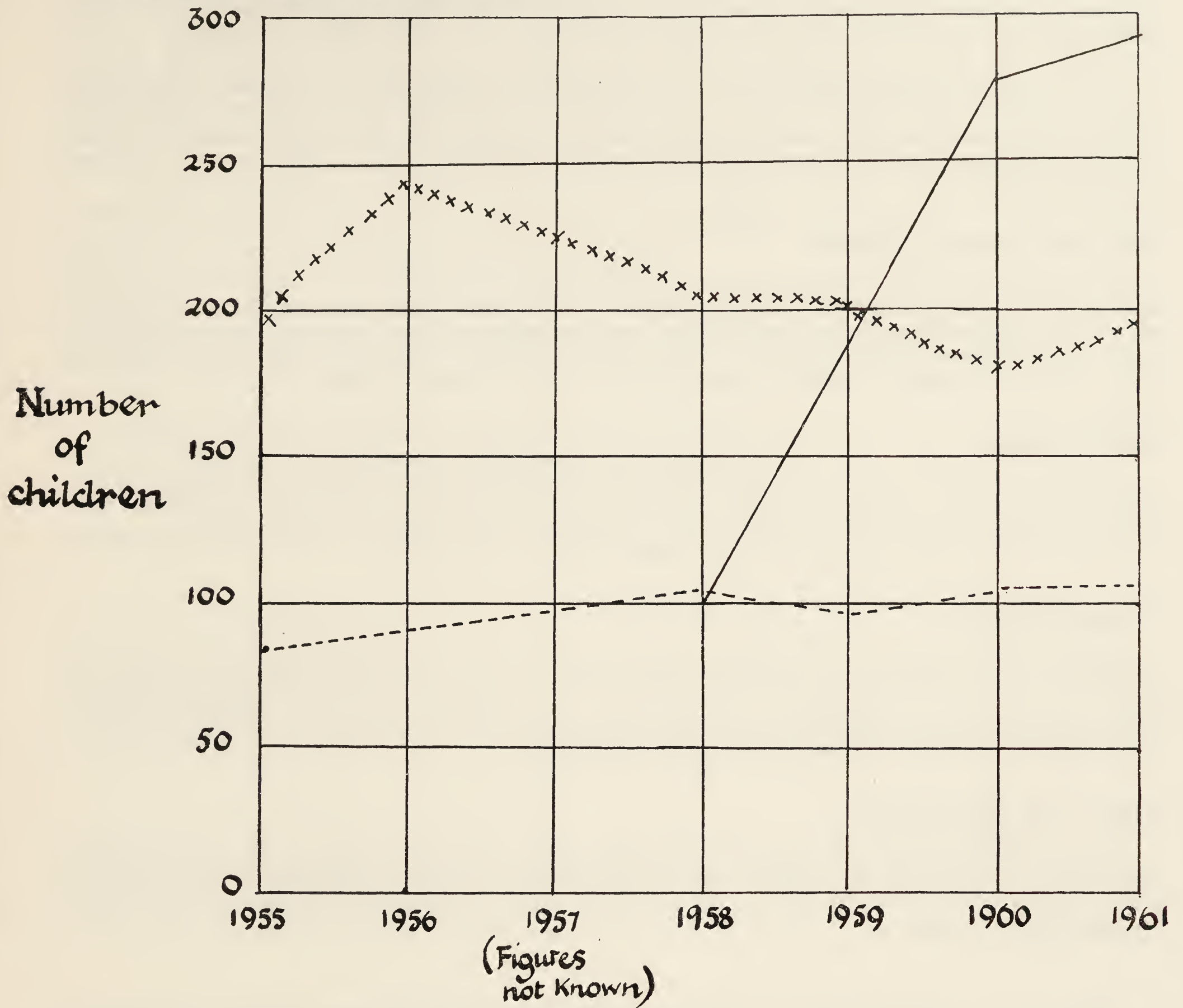
Four girls were found to have hearing losses too severe to permit of their being educated, even by special methods, otherwise than at a special school for deaf children. Vacancies were found for two of them, but the other two, who are under school age, are still at home, where they are being supervised by the Hearing Therapist. Not all special schools will admit children before the age of five years, but it is hoped that vacancies will become available soon for those two girls. At the end of the year there were four boys and six girls at special residential schools for the deaf. Four of the children are at Donnington Lodge, Newbury, where children between the ages of two and eight years are admitted, and the remainder are at the Royal West of England School for the Deaf, Exeter, which takes children between the ages of five and sixteen years.

### Partially Deaf Children

The measures taken for the early detection and training of children with impaired hearing are described on page 21 under the heading "Hearing Loss in School Children". By these means children for whom but a few years ago the only provision would have been residential schooling are often enabled to attend ordinary schools, with hearing aids if necessary. For many children whose loss of hearing is such that they cannot attend ordinary schools, special classes, with group hearing aids and other special equipment provide an alternative to residential schooling. Such classes can usually only be organised in urban areas where the numbers are sufficient to justify them and communications are good enough for children to be brought in daily from short distances in surrounding rural areas. Such a class was started by the Swindon Education Committee at the Clarence Street School in September, 1960, to which four children from outside the Borough were admitted. Two of these were admitted on trial as there was some doubt of whether their hearing loss might not be too severe to enable them to make satisfactory progress. This proved to be the case, and one of the children was transferred to a residential school for the partially deaf in January, 1961, and the other to Donnington Lodge School for Deaf Children in October, 1961.



# Educationally Sub-normal Children requiring Special Educational treatment and in Special Schools



- In special schools  
 + x x x x Awaiting admission to special schools.  
 ——— For special educational in ordinary schools

NOTES: No figures for 1957 available because of destruction of records by the fire at County Hall.

Figures for children recommended for special educational treatment in ordinary school not available before 1958.



A third child who was ascertained during 1961 to need special schooling was admitted to the class in October, and these three children are making satisfactory progress.

Two other children, a boy and a girl, were recommended for admission to special residential schools for partially deaf children, but vacancies had not been found for them by the end of the year. There are now four children in special residential schools—three boys and one girl.

For one partially deaf child who has a hearing aid an induction loop has been fitted in the classroom in the rural school which he attends so as to enable him to take part in class activities without always having to sit near the teacher to hear what is said. The results so far have been very encouraging and some financial provision has been made for similar equipment to be provided at other schools.

### **Physically Handicapped Children**

Six boys and one girl were newly ascertained and recommended for admission to special schools and two boys and three girls were admitted. At the end of the year four boys and one girl were still awaiting vacancies, of whom three were attending ordinary schools, one was receiving home tuition and one was in hospital. For this group of children the difficulty remains that vacancies can often only be found for them in special schools far from their homes.

### **Delicate Children**

Thirteen children (seven boys and six girls) were recommended for admission to special schools. Including some who were already on the waiting list at the beginning of the year, 12 children were admitted, and at the end of the year there were 27 children in special schools and seven were awaiting vacancies. Vacancies can usually be found within three or four months.

### **Epileptic Children**

Epileptic children are usually able to remain in ordinary schools with precautions as to physical activities and only the most seriously affected need to be sent to residential schools. One girl was found to need such schooling and was admitted to the Lingfield School for Epileptics, Surrey. There are now two boys and three girls attending such schools. The number of epileptics known to be attending ordinary schools was 23 boys and 22 girls.

### **Children with Speech Defects**

Only one child, who is not yet of normal school age, was found to have such a severe speech defect that it seemed that she would need to be admitted to a special residential school. She is at present awaiting a vacancy at the unit at the Moor House Residential School for Children with Speech Defects, Oxted.

Handicapped children who are at special schools, other than those who are solely educationally sub-normal, are visited in their homes once a year while they are on holiday by the school medical officers. This gives an opportunity for the progress and health of the children to be kept under review and for any problems to be discussed. In 1962 it is hoped that it will be possible for educationally sub-normal children also to be visited annually. Fifty-eight home visits were made during the year.

Little information is at present available of the extent to which handicapped persons have been enabled by the special education provided by the Committee eventually to lead useful and normal lives within the limitations of their handicaps. A survey is, therefore, being undertaken by one of the school medical officers of handicapped persons who left special schools within the last five years, and it is hoped that the results will be available for publication in next year's report.

The unit at Odstock Hospital, where spastic children who are unable to attend ordinary schools and require physiotherapy combined with education attend daily, continued to provide an alternative to admission to residential special schools for children living in Wiltshire and adjoining counties near Salisbury. The successful running of this unit emphasises the spirit of cordial co-operation which exists between the Hospital Management Committee, who provide the premises, physiotherapy and medical supervision and treatment, as well as mid-day meals for the children, and the Education Authority, who provide whole-time teaching. Daily transport is provided through the ambulance service. Dr. E. H. Williams, Senior Medical Officer, has special responsibility for the children at the Unit and visits periodically. One of the speech therapists on the staff of the Health Department visits weekly and the educational psychologists at longer intervals.

At the end of the year six boys and six girls were attending the Unit, most of them severely handicapped physically. Some are making good progress; others are also handicapped mentally but are nevertheless improving socially and physically. One child was transferred from the unit to a residential special school during the year.

The enthusiasm of the teacher, her understanding of the children's problems and her efforts in organising social activities to widen the scope of their outlook have been invaluable.

There is a similar unit at Swindon where one child from outside the Borough attends.

Tuition was also provided by the Education Authority for 51 children who were in-patients at Odstock Hospital, including some from neighbouring counties.



# Dental Examination and Treatment

## REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER, D. MIDDLETON, L.D.S.

The recruitment of dental officers during the year unfortunately showed no improvement and is now seriously handicapping any attempt to expand the service and to develop the theme "prevention is better than cure". It must be realised that this shortage of dentists is national and not only peculiar to the school dental service and, therefore, there is tremendous competition for the services of the young graduate. Apart from the building of new clinics and the equipping of existing surgeries with modern equipment to help recruitment, efforts are being made to forge a closer link with the Bristol Dental Hospital. I am hoping by an interchange of staff between ourselves and the teaching hospital, on an occasional sessional basis that it will be possible to interest the final year student in a career with the school dental service.

At the School of Dental Auxiliaries, New Cross, London, a five year experiment is being conducted in training girls, during a two year course, to undertake such dental treatment of children as may be considered to be of a simple nature, under the direction of a school dentist. They are also being taught the best methods of presenting dental health education. The first sixty trained auxiliaries will be available for employment in September, 1962, and we have provisionally stated that we would be able to employ two, the number being governed by the fact that they can only work in areas where there are dual surgeries. Having watched these girls in their training at New Cross, and seen their handling of the children, especially the younger age groups, I am confident it is an experiment which is going to prove successful. Of course it will take many years for their numbers to be built up in sufficient strength for them to be of much material help to the school dental service.

A look at the annual figures will again reveal the appalling rate of dental decay among Wiltshire school children. When it is realised that by carrying out three simple rules for better dental health, which are: (a) Brush your teeth after breakfast and last thing at night, (b) Do not eat sweets or sticky foods between meals, (c) Rinse the mouth with water after meals or eat a piece of apple, this figure could be greatly reduced, it makes it even more tragic.

To put these rules across seems so easy until one comes face to face with the effect of high powered advertising on television and in the press wooing the children of an increasing affluent society to constantly break the second of these rules and the apparent indifference of a majority of the public to dental decay. It is in putting over these three simple rules for healthier mouths where the whole weight of our dental health education is directed. It is a slow battle of attrition and I am afraid it is only going to be won at the cost of many edentulous mouths among the present generation of Wiltshire school children when they reach early middle age.

In conclusion I would like to take this opportunity of thanking the medical officers, health visitors, teachers and all others who are helping our badly depleted dental staff in putting over this dental health education.

The work undertaken during the year was as follows:—

(1) Number of pupils inspected by the Authority's Dental Officers:—							
(a)	At Periodic Inspections	...	13,762	}	Total	(1)	17,261
(b)	As Specials	... ..	3,499				
(2)	Number found to require treatment	...	...	...	...	...	12,202
(3)	Number offered treatment	...	...	...	...	...	10,586
(4)	Number actually treated	...	...	...	...	...	7,493
(5)	Number of attendances made by pupils for treatment, including those recorded at 11 (h)	...	...	...	...	...	22,280

(6)	Half days devoted to:							
	(a) Periodic (School) Inspection	...	...	203	}	Total	(6)	3,948
	(b) Treatment	...	...	3,745				
(7)	Fillings:							
	(a) Permanent Teeth	...	...	10,603	}	Total	(7)	13,136
	(b) Temporary Teeth	...	...	2,533				
(8)	Number of Teeth filled:							
	(a) Permanent Teeth	...	...	9,781	}	Total	(8)	12,106
	(b) Temporary Teeth	...	...	2,325				
(9)	Extractions:							
	(a) Permanent Teeth	...	...	2,178	}	Total	(9)	7,655
	(b) Temporary Teeth	...	...	5,477				
(10)	Administration of general anaesthetics for extraction	...	...	...				943
(11)	Orthodontics:							
	(a) Cases commenced during the year	...	...	...	...	...	...	235
	(b) Cases brought forward from previous year	...	...	...	...	...	...	659
	(c) Cases completed during the year	...	...	...	...	...	...	191
	(d) Cases discontinued during the year	...	...	...	...	...	...	60
	(e) Pupils treated by means of appliances	...	...	...	...	...	...	354
	(f) Removable appliances fitted	...	...	...	...	...	...	506
	(g) Fixed appliances fitted...	...	...	...	...	...	...	34
	(h) Total attendances	...	...	...	...	...	...	5,446
(12)	Number of pupils supplied with artificial teeth	...	...	...	...	...	...	64
(13)	Other operations:							
	(a) Permanent Teeth	...	...	4,540	}	Total	(13)	6,815
	(b) Temporary Teeth	...	...	2,275				



# *Hygiene in Schools*

Inspections by school medical officers and the County Health Inspector of school premises from the hygiene aspect were continued throughout the year, and recommendations made for improvement when defects or deficiencies were found. A considerable number of special visits was also made in connection with outbreaks of dysentery which was again prevalent during 1961, particularly at those schools with poor sanitary and washing facilities.

Since my detailed report in 1956 on the hygiene of school premises a good deal of work has been carried out in remedying deficiencies then existing, although there is still a considerable number of schools which fail to comply with the Standards for School Premises Regulations 1959. For example, at the end of 1961 there were still 42 schools with pail closets instead of water closets. 46 schools with inadequate sanitary accommodation, insufficient in amount. 182 schools with insufficient washing accommodation, and 91 schools without a hot water supply.

Suitable medical examination facilities are also sadly lacking in the majority of schools, and it is to be regretted that even in newly erected schools little importance seems to be attached to the provision of suitable and adequate medical examination rooms despite my recommendations when the school sketch plans are submitted to me for comment. More often than not when medical rooms are provided, they are too small and used also as staff rooms where medical examinations cannot be conducted satisfactorily. Two rooms of proper size are required.

## **SCHOOL MEALS HYGIENE**

The hygiene of school meals premises was kept under review during 1961 by the County Health Inspector and the school medical officers.

In January 1956 when all Food Hygiene Regulations came into force the majority of school kitchens and sculleries failed to comply with those regulations. The position today is more satisfactory, particularly in central and school kitchens where meals are prepared. At the end of 1961 all the central and school kitchens were found to be satisfactory with the exception of Calne Secondary Modern and Marlborough Grammar School kitchens which are to be closed.

There are, however, still 39 school sculleries (where the meal utensils are cleansed) which do not conform with the Food Hygiene Regulations in all respects. For example, 25 sculleries lack wash basins, 13 are without a constant hotwater supply to the sinks, and there are still 13 schools where washing-up is carried out in the classrooms or cloakrooms. Another unsatisfactory feature is the use of village halls and other rented premises as sculleries. These sculleries often lack cleanliness, apart from other defects and deficiencies, and there is much to be said for replacing these "outside" premises by sculleries attached to the schools concerned.

It is to be regretted that more money is not available for the replacement or improvement of primary schools, where over 60 per cent of Wiltshire children are in attendance. A good deal could be done, if even a small additional proportion of the expenditure devoted to the building of secondary schools were used for improving primary schools, which would be well worth while from a health point of view.

## **SCHOOL MILK**

The County Health Inspector supervises the purity of the milk supplied under the milk in schools scheme, including the investigation of complaints, investigating fresh sources of supply, and the submission of samples for laboratory examination.



Approximately 1,500 gallons of milk are consumed daily by Wiltshire school children, and, with one exception, all schools are now supplied with pasteurised milk, mainly from Wiltshire pasteurising plants whose methods are regularly supervised by the County Health Inspector.

I am indebted to the Chief Education Officer for the following information of the amount of milk drunk on an average day in October:—

	<i>No. of Children</i>		<i>Percentage of Children</i>	
Pasteurised ... ..	34,557	(33,395)	99.86 %	(99.87 %)
Tuberculin Tested ...	48	(43)	0.13 %	(.13 %)
Non-designated ... ..	—	—	—	—
	<hr/> 34,605	<hr/> (33,438)		

Figures in brackets are those for the year 1960.

The number of children taking milk was 75.04 per cent of the school population.

In addition to the milk supplied to maintained schools, arrangements have been made to supply 57 non-maintained schools where 5,363 children were drinking milk when the survey was made in October.

### SCHOOL MEALS

The Chief Education Officer has also kindly provided the following details concerning school meals from the returns submitted in October.

Number of children being supplied with meals ...	22,586	(20,611)
Number of children being supplied with free meals...	1,562	(1,337)

(The figures in brackets relate to the same period in 1960)

The proportion of children having school meals was 49.2 per cent of those present when the return was made and 49.9 per cent of those for whom meals were available.

Comparable figures for the previous five years were as follows:—

	1960	1959	1958	1957	1956
Percentage of children present taking meals ...	45.8	43.0	40.0	37.6	36.2
Percentage of children for whom meals were available who had them ... ..	46.6	44.0	41.0	38.6	40.9

(The figures for 1957 were probably influenced by the fact that, when the return was made, influenza was prevalent, and the average level of school attendances was low.)

### PROTECTION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS

#### Mass Radiography of School Staffs

Teaching and school meals staffs are encouraged to have chest X-rays whenever mass radiography units visit their localities. Advance information is received from regional hospital boards of programmes of visits to be made by their units to the County, although sometimes at very short notice. As far as possible special periods are allotted in the programmes for the attendance of school staffs so that appointments may be made for them as conveniently as possible. Not all areas in the County can be visited each year and it takes up to three years for units to have covered each urban and rural district. In the past three years units visited only three centres twice.

The present total of teaching staff and school meals helpers is 2,989. Omitting the figures for the repeat visits, appointments for chest X-ray were offered during these three years to 3,329 teachers and school meals helpers, of whom 2,266 attended. It seems, therefore, that during the past three years at least 68 per cent of the total teaching and school meals staff had chest X-rays.



The record of visits to Wiltshire of mass radiography units in 1961 and of attendances of school staffs is as follows:—

<i>Centre Visited</i>		<i>Staff Invited</i>	<i>Staff Attended</i>
Bradford-on-Avon	...	101	74
Chippenham	...	282	206
Marlborough	...	151	98
Melksham	...	148	110
Westbury...	...	103	78
Warminster	...	186	140
Great Bedwyn	...	21	10
Ashton Keynes	...	17	9
Cricklade...	...	25	20
Highworth	...	234	132
Pewsey	...	65	44
Purton	...	27	23
Ramsbury	...	21	14
Wootton Bassett	...	93	43
		<hr/> 1,475	<hr/> 1,001 (67.8 %)

The number for whom appointments were offered was 49.3 per cent of the total staff, of whom 67.8 per cent accepted. The comparable figures for 1960 were 38.1 per cent and 68.5 per cent. This is a regrettable falling-off in the acceptance rate, which in former years has reached 75 to 80 per cent.

#### **B.C.G. Vaccination**

The number of children who received B.C.G. vaccination against tuberculosis was 3,201. Further details under this heading are given in my report as Medical Officer of Health.

### **INFECTIOUS DISEASES IN SCHOOLS**

Head Teachers are asked to inform the Principal School Medical Officer when children who are absent from school have or are suspected of having infectious illnesses, or are contacts, or when there is an exceptionally poor attendance even if the reason is not immediately known. The information is also sent at the same time to the district medical officer of health. Usually he is also the school medical officer and consultation between him and the Principal School Medical Officer is thus facilitated if special investigations or preventive measures are necessary at school.

The conditions which accounted for most absenteeism during 1961 were measles, chickenpox and mumps, but no school closure was considered to be necessary.

The following is a brief summary of the information received and action taken:

**Measles:** Two thousand four hundred and forty-two cases were reported from 133 schools throughout the County and occurred mainly in March, May, June and July.

**Chickenpox:** Seventy schools were affected with 684 cases between them, mainly in February, March and June.

**Mumps:** Four hundred and nineteen cases were reported from 73 schools during the first six months of the year.

**Whooping Cough:** Eighty-five children from 24 schools were reported to have whooping cough.

**German Measles:** Occurred sporadically during June and July, 74 cases being reported from 31 schools.

**Influenza:** During the first three months of the year 373 cases were reported from 18 schools. The areas worst affected appeared to be the Devizes, Marlborough and Ramsbury, and Pewsey Rural Districts, where 260 cases were reported from three schools.

**Scarlet Fever:** There were no serious outbreaks. The 54 cases reported were from 35 schools and occurred during January, March, May and November.

**Scarlatina:** Eighteen cases were reported from eight schools during the summer.

**Tonsillitis:** Fourteen cases were reported during May and June, 12 from one school in the Devizes Rural District and two from one school in the Marlborough and Ramsbury Rural District.

**Infective Hepatitis:** Twenty-five cases from six schools in Chippenham were reported in January. This outbreak was investigated by the District Medical Officer of Health.

**Conjunctivitis:** Thirteen cases occurred at one school in the Salisbury and Wilton Rural District in July and were investigated by the school medical officer. The infection was mild and all the children were under the care of their doctors. Paper towels were provided and the outbreak was soon brought to an end.

**Sonne Dysentery:** The incidence was less than in the previous year, 153 cases of dysentery or suspected dysentery being reported from 23 schools, compared with 406 from 42 schools in 1960. Most of the cases occurred during the last three months of the year and in the early summer.

The areas worst affected were as follows:—

Bradford and Melksham Rural District	—	38 cases from 1 school
Pewsey Rural District ... ..	—	23 „ „ 2 schools
Highworth Rural District ... ..	—	22 „ „ 2 schools
Mere and Tisbury Rural District ... ..	—	20 „ „ 1 school
Malmesbury Rural District ... ..	—	19 „ „ 1 school
Cricklade and Wootton Bassett Rural District	—	12 „ „ 1 school

Not all the cases were confirmed clinically or bacteriologically. Each outbreak was investigated in consultation with the district medical officer of health and children who had been found to be infected bacteriologically were excluded from school and not allowed to return until negative bacteriological results had been obtained. Head teachers were asked to ensure that the children paid particular attention to hand washing followed by rinsing in a suitable disinfectant solution (benzalkonium chloride) and using the paper towels which were provided.

**Vomiting:** A few outbreaks of vomiting occurred at several schools which were investigated by the district medical officers without any specific cause being found.

Special investigations were undertaken as follows:—

**Tuberculosis:** A teacher at a primary school was found to have active tuberculosis and to make sure that no child or other member of the staff had become infected it was decided that all school contacts should be tuberculin tested and that those whose reaction to the test was strongly positive should have a chest x-ray. A positive tuberculin test result means that a child has had contact with tuberculosis but a strongly positive result suggests exposure to recent infection.

The tests undertaken and the results were as follows:—

Number tuberculin tested	—	555
Result positive	—	24
Result negative	—	531



None was found to be strongly positive.

As a mass radiography unit came to the area shortly afterwards, teachers and school meals staffs were asked to attend in the ordinary way. Twenty-six out of 35 did so and their results were satisfactory.

A case of tuberculosis occurred among the pupils at one of the schools in Malmesbury and 63 school contacts were investigated. The case arose at the end of the school year and by the time information was received the pupils had dispersed for the holiday, including 22 who were then of school leaving age and would not be returning the following term. These were referred to their own doctors for follow-up.

Tuberculin testing followed by B.C.G. vaccination if necessary had only recently been undertaken at the school in the ordinary way and of the 41 contacts who would be returning to school the following term 21 had been vaccinated and 16 had had tuberculin tests with positive results and did not, therefore, need vaccination. The remaining four contacts were given tuberculin tests. In one instance the result was negative, and in three positive, of which one was strongly positive. This pupil was investigated further at the chest clinic but nothing abnormal was detected.

A mass radiography unit visited the school and with three exceptions all the children and staff totalling 128 had chest x-rays. The results were satisfactory.

The three children who were absent were one girl who was in hospital, one boy who had only just been admitted to the school and had, therefore, not been in contact with the infected child, and one boy who had previously had B.C.G. vaccination and who, when given a further tuberculin test in 1960, was still positive.

# *Excepted District of Swindon*

REPORT OF THE PRINCIPAL BOROUGH SCHOOL MEDICAL OFFICER,  
[DR. J. URQUHART, M.B., CH.B., D.P.H.]

## SUMMARY OF STATISTICS

A summary of the principal statistics for the year 1961 with comparable figures for 1960 is given below:—

	1960	1961
Number of primary and secondary school children on register at end of December, 1961 ... ..	17,071	18,257
Number of children examined at routine medical inspection...	4,638	3,984
Number found to require treatment for diseases and defects...	938	1,011
Number of dental inspections ... ..	7,699	3,495
Number referred for dental treatment ... ..	6,700	3,183
Number of children treated ... ..	5,402	1,718
Number of children examined for part-time employment ...	97	104

## SCHOOL POPULATION

The estimated total population of the Borough of Swindon at mid-year 1961 was 91,430—an increase of 6,560 compared with the previous year. 1961 also showed a comparable increase in the number of Swindon school children. At the end of 1961 there were 18,257 children on the registers of Swindon's primary and secondary schools (including the Central School), 1,186 more than at the end of 1960.

## STAFF

The following changes in staff took place during the year:—

### 1. Medical

No changes.

### 2. Dental

Mr. S. G. HOUSE, Dental Surgeon. Resigned 26.9.61.

Miss K. STONE, Dental Receptionist. Resigned 12.8.61.

Mr. D. C. DAWSON, Dental Surgeon. Commenced full-time 18.12.61.

Mrs. M. B. GARDNER, Dental Receptionist. Commenced full-time 18.12.61.

### 3. Speech Therapist

Mrs. MCGILL. Resigned August, 1961.

### 4. School Nurses

Mrs. S. D. BIGGS. Resigned 30.11.61.

Miss I. V. MARTIN. Resigned 31.7.61.

Miss E. M. CLARKE. Resigned 2.4.61.

Miss M. J. MACGREGOR. Resigned 2.4.61.

Mrs. J. D. WALL. Resigned 31.12.61.

Miss R. OAKFORD. Commenced 12.6.61.

Miss B. M. OXBORROW. Commenced 1.1.61.



## MEDICAL EXAMINATIONS

During the year periodic medical examinations were carried out in accordance with the School Health Service Regulations, 1959.

Year	1961	1960	1959	1958	1957
No. of children examined ... ..	3,984	4,638	4,054	3,105	4,330
No. of children found to have defects needing treatment ... ..	1,011	938	792	478	1,184
Percentage of children examined needing treatment	25.37	20.22	19.53	15.39	27.3

The increase in the percentage of children requiring treatment was due chiefly to the increased number of squints, ear, nose and throat diseases, bronchitis and foot defects found at examinations.

Details of the findings at periodic medical inspections are given in the following table, together with the comparable data for 1960.

**Defects Found by Medical Inspection in the Year ended 31st December, 1961, with  
Comparable Figures for 1960**

Defect or Disease	Periodic Inspections Number of Defects			
	Requiring Treatment		Requiring to be kept under observation but not requiring treatment	
	1960	1961	1960	1961
Skin ... ..	59	68	28	9
Eyes—(a) Vision ... ..	361	290	205	289
(b) Squint ... ..	79	102	26	21
(c) Other ... ..	9	5	4	2
Ears—(a) Hearing ... ..	16	14	45	54
(b) Otitis Media ... ..	38	56	29	33
(c) Other ... ..	5	6	—	2
Nose or Throat ... ..	113	157	42	64
Speech ... ..	36	39	44	120
Lymphatic glands ... ..	10	10	7	9
Heart and Circulation ... ..	30	24	147	145
Lungs ... ..	77	95	75	82
Developmental —(a) Hernia ... ..	3	4	3	6
(b) Other ... ..	17	17	17	20
Orthopaedic — (a) Posture ... ..	53	40	16	17
(b) Feet ... ..	76	94	15	18
(c) Other ... ..	61	31	32	16
Nervous System—(a) Epilepsy ... ..	9	7	23	14
(b) Other ... ..	8	8	10	7
Psychological—(a) Development ... ..	7	13	13	17
(b) Stability ... ..	37	36	40	50

### CLASSIFICATION OF PHYSICAL CONDITION

As in the past three years the nutritional status and general physical condition of the children were classified as either “satisfactory” or “unsatisfactory”.

All but a small minority were assessed as “satisfactory” (0.025 per cent were found to be “unsatisfactory”).

Age Group	No. Examined	No. Satisfactory	% Satisfactory	%Unsatisfactory
School Entrants, 1961 ... ..	2,921	2,921	100	—
10-11 year olds, 1961 ... ..	718	717	99.88	0.12
School leavers and Others, 1961	345	345	100	—
Total ... ..	3,984	3,983	99.975	0.025

### CLEANLINESS

A 50 per cent increase in the number of inspections for uncleanness (from 15,466 in 1960 to 22,503 in 1961) is recorded. The number of children found to be infested was 193 compared with 147 in 1960. These children usually come from homes where the standards of cleanliness are very low and where it is often very difficult to get the full co-operation of the parents in curing the infestation of the child and the rest of the family. Unless the other members of such families are treated, the infestation remains and the school child will later become re-infested from another member of the household.

### SCHOOL CLINICS

The three clinics used by the School Health Service are at Eastcott Hill, Pinehurst and Priory Road (Park South). They are used as follows:—

#### Eastcott Hill Clinic

Minor Ailment Clinics are held on Monday and Friday mornings.

Speech Therapy Clinics are held all day Monday to Friday during term time only. Unfortunately it has proved impossible to recruit a speech therapist, and full-time classes have not been held since June, 1961.

Dental Clinics are held all day Monday to Friday.

Child Guidance Clinics are no longer held here, but the clinic is used for many other purposes, e.g. special and routine school medical inspections, B.C.G. vaccinations, employment examinations and the examination of handicapped pupils.

#### Pinehurst Clinic

Minor Ailment Clinics are held each Tuesday morning during term time only.

Dental Clinics are held all day Thursday and on Friday mornings.

Speech Therapy at this clinic has been discontinued, but it is used for other purposes, e.g. B.C.G. vaccination, special medical examinations.

#### Priory Road Clinic

Child Guidance Clinics are held here each Friday.

#### Bath Road Clinic

Child Guidance Clinics are held here each Thursday.



## OBSERVATION CLINICS

These are held for the purpose of examining all children who are found at periodic or special medical examination to have a defect which requires observation. During 1961 313 children attended for this purpose. They included 174 children who had been receiving remedial exercises from the Remedial Gymnast.

## OTHER MEDICAL INSPECTIONS

Special medical inspections and re-inspections were carried out on 799 primary and secondary school children. The figures for 1960 and 1961 are as follows:—

	1960	1961
Number of first inspections ... ..	821	799
Number of re-inspections ... ..	360	257

An analysis of the 1960 and 1961 figures is shown in the following tables of special examinations.

**Defects Found at Special Examination in the Year ended 31st December, 1961, with  
Comparable Figures for 1960**

Defect or Disease	Special Examination Number of Defects			
	Requiring Treatment		Requiring to be kept under observation but not requiring treatment	
	1960	1961	1960	1961
Skin ... ..	307	281	46	125
Eyes—(a) Vision ... ..	107	25	23	46
(b) Squint ... ..	1	1	—	5
(c) Other... ..	33	28	1	11
Ears—(a) Hearing ... ..	8	7	—	26
(b) Otitis Media ... ..	6	2	—	5
(c) Other ... ..	17	3	—	5
Nose or Throat ... ..	24	6	—	13
Speech ... ..	13	3	1	2
Lymphatic Glands ... ..	—	—	—	—
Heart and Circulation ... ..	1	—	—	2
Lungs ... ..	6	1	—	1
Developmental—(a) Hernia ... ..	1	1	2	1
(b) Other ... ..	4	1	—	2
Orthopaedic — (a) Posture ... ..	3	—	—	—
(b) Feet ... ..	22	8	1	5
(c) Other ... ..	11	36	2	7
Nervous System—(a) Epilepsy ... ..	1	—	—	—
(b) Other ... ..	1	—	—	2
Psychological—(a) Development ... ..	2	1	—	3
(b) Stability ... ..	19	—	3	2

It should be noted that these figures for “special” inspections include examinations by doctors for physical or mental handicap, examinations at the special request of teacher or parent, juvenile employment examinations and all first examinations at minor ailment clinics.

### PLANTAR WARTS

No one school had a particularly high incidence of plantar warts in 1961. Treatment continued to be provided at the minor ailment clinics. 130 children were found to be infected in 1961 despite every effort to limit the spread of the infection.

### CONSULTANT CLINICS

Consultant clinics in Swindon are held on Regional Hospital Board premises and any child found on examination by a school medical officer to need hospital treatment, or a consultant's opinion, is referred to the appropriate clinic. In every case the family doctor is notified of the intention to refer children to these clinics and is given the opportunity to deal with the case himself if he so desires.

### OPHTHALMIC CLINIC

The Ophthalmic Consultants held their clinics at the Princess Margaret Hospital, Swindon, and the table below gives details of the number of school children who attended during the year.

	1961
Number of Clinics held ... ..	129
Number of attendances... ..	1,546
Number of new cases referred during the year	231
Number of old cases ... ..	770

### ORTHOPAEDIC CLINIC

During 1961, 21 school children were referred to the Orthopaedic Clinic held in the Princess Margaret Hospital, as compared with 16 in 1960.

### EAR, NOSE AND THROAT CLINICS

Fifty-five children were referred in 1961 as compared with 42 in 1960. There has been an improvement in the waiting period for consultation and operation and there is no delay in obtaining appointments to see the Consultant.

Number of cases known to have received operative treatment during 1961:—

(a) for diseases of the ear ... ..	9
(b) for adenoids and chronic tonsillitis... ..	330
(c) for other nose and throat conditions ... ..	49
Number of cases known to have received other forms of treatment... ..	16

### AUDIOMETRY

The audiometrician employed by the Wiltshire County Council attends Swindon one day per week to test the hearing of children in infant schools.

During 1961, 1,327 pupils were tested and 67 pupils were considered to have sub-normal hearing and were referred to the E.N.T. Consultant for further advice.



PAEDIATRIC CLINIC

Twenty-five children were referred to this clinic by school medical officers in 1961 as compared with 37 in 1960. As in 1960 the children were seen with little delay and full reports were sent to the School Medical Officer by the consultant Paediatrician. In addition we receive from the Paediatrician reports on all children seen by him whose condition might affect their future education.

OTHER CONSULTANT CLINICS

The following number of children have been referred for consultant opinion:—

Skin Consultant	...	...	27
Surgical Consultant	...	...	5

SPECIAL CLINICS

Remedial Exercises

Number of children receiving treatment:—

Infant School Children	...	...	...	...	...	114
Junior School Children	...	...	...	...	...	93
Secondary Modern and Secondary Grammar School Children						144
						<hr/> 351 <hr/>

These 351 children received treatment for the following defects:—

Poor Posture	...	...	91
Foot and Leg defects	...		153
Breathing exercises	...		107

A number of these children received treatment for more than one defect. In view of the increase in numbers receiving treatment, the appointment of a second remedial gymnast would seem to be indicated.

During 1961 instruction and supervision in remedial exercises have been given to all children referred by the School Medical Officers to the Remedial Gymnast, a total of 152 children being referred during the year. The progress of the children was supervised closely, 174 children being seen for review and re-assessment during the year. Of these, 98 children were discharged from treatment either because their condition had improved sufficiently or because it was considered further treatment would not benefit them.

SPEECH THERAPY

During 1961 a full-time Speech Therapist was carrying out duties for only six months. This position is most unsatisfactory and suitably qualified personnel are not coming forward in response to repeated advertisements of vacancies. There is at present a long waiting list of pupils requiring treatment.

The table below gives details of the service provided during 1961:—

		Boys	Girls	Total
Number of children seen	...	69	18	87
Number of attendances	...	590	133	723
Number of children discharged	...	17	4	21

## HANDICAPPED PUPILS

The Education Authority is responsible for the ascertainment of all handicapped children over the age of two years who require special educational treatment.

As a general principle handicapped children attend ordinary schools provided they are able to benefit by the education offered and their presence there is not prejudicial either to themselves or other children.

Children are only sent to residential schools when this is considered essential for education, medical or social reasons.

Some children are ascertained in early infancy and referred to the School Health Service when they reach the age of two years. Many are referred by the head teachers shortly after admission or at the first periodic medical inspection and some are brought to notice after illness or prolonged hospital treatment.

In 1961 the number and type of handicapped pupils in Swindon remained substantially similar to the findings of 1960.

The number of handicapped pupils found to be in need of special educational treatment in 1961 was 31.

Number of pupils placed in special schools during 1961	...	...	...	21
Number of pupils awaiting places in residential special schools	...	...	...	7

At the end of 1961 there were 96 educationally subnormal children attending the Central Primary School, with five children on the waiting list for entry. There were 27 children in residential special schools, one more than in 1960.

One physically handicapped child was receiving home tuition at the end of the year (two in 1960) and seven were attending the Spastic Unit, including one County child.

During 1961 six children were reported to the Local Health Authority under Section 57 (4) of the Education Act, 1944, as unsuitable for education at school.

Details regarding the different categories of handicapped pupils requiring special educational treatment are contained in "The Handicapped Pupils and Special School Regulations 1959".

### (a) Blind Pupils

Number of blind children ascertained during the year	...	...	Nil
Number of blind pupils admitted to special schools for the blind	...	...	Nil
Total number of blind pupils in special schools for the blind	...	...	1
One girl (aged 10 years) at the Royal School of Industry for the Blind, Westbury-on-Trym, since 17.1.59.			

### (b) Partially Sighted Pupils

Number of partially sighted pupils ascertained during the year	...	...	Nil
Number of partially sighted pupils admitted to special schools during the year	...	...	Nil
Total number of partially sighted pupils in special schools for partially sighted children	...	...	3

The following three children attended the West of England School for Partially Sighted Pupils, Exeter:—

- One boy aged 15 years has been attending since January, 1953
- One boy aged 13 years has been attending since September, 1953
- One boy aged 14 years has been attending since February, 1956



**(c) Deaf Pupils**

Number of deaf pupils ascertained during the year	...	...	...	Nil
Number of deaf pupils admitted to special schools during the year				Nil
Total number of pupils in special schools for the deaf	...	...		7

These are as follows:—

One boy aged 15 years has been attending St. Thomas' School, Basingstoke, since September, 1959.

One girl aged 11 years has been at The Royal Institute for the Deaf, Derby, since January, 1956.

Two boys aged 10 years and 13 years have been attending St. Thomas' School, Basingstoke, since 1957.

One boy aged 14 years is attending St. John's Residential School for the Deaf.

One boy aged 14 years is attending the Royal West of England School for the Deaf.

One girl aged 15 years has been at the Royal Institute for the Deaf, Derby, since September, 1953.

**(d) Partially Deaf Pupils**

Number of partially deaf pupils ascertained during the year	...									1
Number of partially deaf pupils admitted to special school during the year	...	...	...	...	...	...	...	...	...	1
Total number of pupils in special schools for partially deaf children										2

**Special Class for Partially Deaf Children**

In last year's report I described the special class for partially deaf children which was instituted in September, 1960. This class dealt with children between the ages of 3 and 9 years. Approval has now been given to the establishment of a second such class in this school for children over the age of 7 years which is to come into operation in January, 1962.

When the new class is started the individual attention which can be afforded to the children will be substantially increased.

The electronic equipment installed in the class room is working satisfactorily and the children have made substantial progress. It is pleasing to note that they have integrated happily with the normal children, with whom they share classes for subjects which do not require normal hearing. I would here like to pay tribute to the staff of the partially deaf unit for their enthusiasm and patience which manifests itself in the very happy atmosphere which pervades the class.

Number of Partially Deaf attending the class at 31.12.61	...	...	8
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This figure includes four children living outside the Borough, viz. two from Wiltshire County Council and two from Berkshire County Council.

**(e) Educationally Sub-normal Pupils**

After ascertainment, educationally sub-normal children are recommended for one of the following:—

- (a) Admission to the Central Special School.
- (b) Admission to a residential E.S.N. school.
- (c) Special educational treatment in the ordinary school.

During 1961 29 new cases were examined and were grouped as follows:—

Number of E.S.N. children recommended for admission to the Central School	12
Number of E.S.N. children recommended for special educational treatment at the ordinary school	10
Number of E.S.N. children recommended for education at a residential school for E.S.N. pupils	1
Number of children reported to the Local Authority as being unsuitable for education in school during the year	6
Total number of E.S.N. children on the register at the Central School	96
Total number of E.S.N. children at Ordinary School...	87

Fifteen children already classified as educationally sub-normal were re-examined during the year and the following recommendations were made:—

Four were recommended for education at a special day school for educationally sub-normal pupils.

Four to continue to receive education at a special day school for educationally sub-normal pupils.

Two to be admitted to a residential school for educationally sub-normal pupils.

Two were recommended for return to the ordinary school system.

Two to continue to receive special educational treatment within ordinary school.

One for admission to a special school for epileptics.

#### (f) Epileptic Pupils

Number of epileptic pupils ascertained during the year	1
Number of epileptic pupils admitted to special schools during the year	1
Total number of epileptic pupils in special schools for epileptic pupils at the end of the year	2

#### (g) Maladjusted Pupils

Number of pupils with psychological disturbance ascertained during the year	9
Number of maladjusted pupils admitted to special schools or hostels for maladjusted pupils	2
Total number of maladjusted pupils in special schools, hostels, etc....	6

#### (h) Physically Handicapped Pupils

Number of physically handicapped pupils ascertained during the year	Nil
Number of physically handicapped children admitted to special school for handicapped pupils	Nil
Total number of physically handicapped children in special schools for physically handicapped, Spastic Unit, or having home tuition...	11



**(i) Pupils suffering from Speech Defect**

Number of pupils with speech defect ascertained during the year	...	1
Number of pupils with speech defect admitted to special schools during the year	... ..	Nil
Total number of children with speech defect in special schools	...	Nil

**(j) Delicate Pupils**

Number of delicate pupils ascertained during the year	... ..	Nil
Number of delicate pupils admitted to special open-air schools during the year	... ..	Nil
Total number of delicate pupils in residential open-air schools	...	Nil

**SPASTIC PARALYSIS UNIT—PRINCESS MARGARET HOSPITAL**

During 1961 there were no admissions or discharges from the Unit. Seven children, whose ages range from 7-14 years, attend for education and physiotherapy.

Meals are now provided by the hospital kitchen and transported in an electrically heated trolley, donated by the Swindon Hospital Spastic Fund.

During the summer an outing was arranged to Bournemouth.

**PHYSICAL WELFARE OF CHILDREN**

I am indebted to the Borough Education Officer for the details of the school milk and school meals given below:—

Milk in Schools Scheme as a result of a survey on one day in September, 1961.

Total number of primary children taking milk, 8,919, representing 95.32% of children attending school at the time (8,448, representing 92.36% in 1960).

Total number of secondary children taking milk, 5,962, representing 85% of children attending school at the time (5,534, representing 81.7% in 1960).

Total number of Central Primary children taking milk, 86, which was 100% at that time (70 representing 90.4% in 1960).

Number of school departments supplied is 50.

All milk supplied to schools is pasteurised and samples are examined at regular intervals, and any complaints regarding it are reported to the Principal Borough School Medical Officer.

**MEALS IN SCHOOLS**

	1960	1961
Number of school canteens	53	54
Number of school children taking meals	4,918	5,461
Number of children taking free meals	290	349

## PROTECTION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS

The vaccination of children of the 13-14 years age group against Tuberculosis continued in 1961, using the freeze dried B.C.G. vaccine. The scheme for checking the efficiency of the vaccine was discontinued by the B.C.G. Control Centre, Oxford, in August, 1961.

All children are given a preliminary skin test to see whether vaccination is necessary. By this means about 20 % of these children are found to have some protection against tuberculosis already and therefore do not require vaccination.

All those vaccinated are followed up six weeks later, when a further skin test shows whether the vaccine has produced some protection.

It has been found that 97 % of those vaccinated are given this protection:—

Number of 13-year-old children skin tested	...	...	...	...	1,290
Number of negative reactors (i.e. requiring B.C.G. vaccine)	...	...	...	...	1,004
Number of positive reactors	...	...	...	...	286
Number vaccinated	...	...	...	...	1,003

## MEDICAL EXAMINATION OF ENTRANTS TO COURSES OF TRAINING AND TO THE TEACHING PROFESSION

In accordance with Ministry of Education Circular 249, candidates applying for admission to training colleges are examined by the school medical officers of the areas where they live.

During 1961, 43 examinations of such candidates were carried out by the school medical officers in Swindon.

## THE CHILDREN ACT, 1948

Boarded-out children attending school in the Borough are examined annually by the school medical officers as required by the Act.

During 1961, 19 such examinations were made.

## SCHOOL PREMISES

School premises, including school meal kitchens, are inspected by the medical officers at the conclusion of routine medical inspections. Any defects noted are reported to the Education Committee.

## SCHOOL DENTAL SERVICES

This service continued to be seriously understaffed and the dental suites at Priory Road Clinic have therefore not been equipped.

Mr. S. G. House resigned as full-time dental officer on 26.9.61, but prior to this date he had been absent through illness since 1.5.61.

Mr. Randerson continued to attend for three sessions weekly at Pinehurst Clinic.



# DENTAL INSPECTION AND TREATMENT CARRIED OUT DURING THE YEAR 1961

Number of pupils inspected by the Authority's Dental Officers:—

(a) At Periodic Inspections	...	...	...	...	1,951
(b) As Specials	...	...	...	...	1,544
					<hr/>
Total	...	...	...	...	3,495
Number found to require treatment	...	...	...	...	3,183
Number offered treatment	...	...	...	...	3,183
Number actually treated	...	...	...	...	1,718
Number of attendances made by pupils for treatment					1,971
					<hr/>
Half-days devoted to Periodic (Schools) Inspection	...				17
Treatment	...				248
					<hr/>
Total	...	...	...	...	265
					<hr/>
Fillings: Permanent Teeth	...	...	...	...	605
Temporary Teeth	...	...	...	...	24
					<hr/>
Total	...	...	...	...	629
					<hr/>
Number of teeth filled: Permanent Teeth	...	...	...	...	571
Temporary Teeth	...	...	...	...	22
					<hr/>
Total	...	...	...	...	593
					<hr/>
Extractions: Permanent Teeth	...	...	...	...	370
Temporary Teeth	...	...	...	...	746
					<hr/>
Total	...	...	...	...	1,116
					<hr/>
Administration of general anaesthetics for extraction					237
Other operations: Permanent Teeth	...	...	...	...	308
					<hr/>
Temporary Teeth	...	...	...	...	398
					<hr/>
Total	...	...	...	...	706
					<hr/>

## APPENDIX I

Clinics provided directly by the Education Authority and under arrangements with  
Regional Hospital Boards

Type of Clinic	Treatment or Examination provided by Education Committee	
Child Guidance ...	<p>Trowbridge: County Council Clinic Mondays 10 a.m. and 1.30 p.m.</p> <p>Salisbury: Baptist Church Institute, Brown Street Tuesdays 9.45 a.m.; Mondays 9.45 a.m. when necessary</p> <p>Marlborough: County Council Clinic 2nd Tuesday 2.30 p.m.</p>	<p>Swindon: 81 Bath Road Thursday, 10 a.m. and 1.30 p.m.</p> <p>Swindon: The Clinic, Priory Road Fridays, 9.45 a.m.; Mondays 9.45 a.m. when necessary</p> <p>Corsham: County Council Clinic 3rd Monday, 9.45 a.m.</p>
Dental ... ..	<p>Bradford on Avon: Lambert Memorial Hall 1st and 3rd Thursdays, 2 p.m.</p> <p>Chippenham: 41 New Road 2nd and 4th Fridays, 10 a.m. and 1.30 p.m. Saturdays, 10 a.m.</p> <p>Corsham: County Council Clinic, Fuller Avenue 1st and 3rd Fridays, 2 p.m. Saturdays, 10 a.m.</p> <p>Devizes: St. James's Hospital 1st and 3rd Fridays, 2 p.m. Saturday, 10 a.m.</p> <p>Marlborough: 8 Kingsbury Street By appointment</p> <p>Mere: The Lecture Hall, Salisbury Street By appointment</p>	<p>Salisbury: The General Infirmary Monday, 9.30 a.m., Tuesday, 9.30 a.m., 2 p.m. Meyrick Close, Coombe Road Monday and Saturday, 10 a.m.</p> <p>Swindon: School Dental Clinic, Health Centre Saturday, 10 a.m.; 1st and 3rd Fri., 2 p.m.</p> <p>Trowbridge: County Council Clinic, The Halve By appointment</p> <p>Warminster: Congregational Lecture Hall, The Close By appointment</p>
Minor Ailments ...	<p>Salisbury General Infirmary Monday, Thursday and Friday, 9 a.m.— 9.30 a.m.; Wednesday morning from 9 a.m.</p>	<p>Trowbridge: County Council Clinic, The Halve Tuesday, 10 a.m.</p>
Speech Therapy ...	<p>Amesbury: Antrobus House Friday, 9.30 a.m.</p> <p>Chippenham: St. Andrew's Church Hall Wednesday, 9.30 a.m. and 1.30 p.m., Thursday 1.30 p.m.</p> <p>Corsham: Fuller Avenue Thursday 9.30 a.m.</p> <p>Devizes: Northgate House Wednesday, 9.30 a.m.</p> <p>Malmesbury: Secondary Modern School Tuesday, 1.30 p.m.</p> <p>Marlborough: Methodist Church Room Thursday, 9.30 a.m.</p> <p>*Melksham: Old Bank House Tuesday, 1.30 p.m.</p> <p>*Mere: Lecture Hall Friday, 1.30 p.m.</p>	<p>Salisbury: Baptist Church Institute, Brown Street Tuesday, 9.30 p.m. and 1.30 p.m. Friday, 1.30 p.m.</p> <p>Trowbridge: County Council Clinic, The Halve Monday, 9.30 a.m. and 1.30 p.m.</p> <p>*Warminster: George Street Methodist Schoolroom Friday, 9.30 a.m.</p> <p>Swindon: Eastgate Hill Monday, 9.30 a.m. and 1.30 p.m.</p> <p>Bradford on Avon: Lambert Memorial Rm. Friday, 1.30 p.m.</p> <p>*Calne: Youth Centre, Anchor Road Thursday, 9.30 a.m.</p> <p>*Westbury: Methodist Schoolroom, Station Road Wednesday, 9.30 a.m.</p>

\* Clinic suspended until the vacancy for a speech therapist is filled.



Type of Clinic	Treatment or Examination provided by Education Committee	
Heart ... ..	Corsham: County Council Clinic Fuller Avenue 3rd Friday in month, 2.30 p.m. Salisbury General Infirmary By appointment from the Hospital	Trowbridge and District Hospital 2nd Wednesday in month, 2.30 p.m.
Ophthalmic ... ..	Chippenham and District Hospital Tuesday, 9.30 a.m.; 2nd Wednesday, 9.30 a.m. Corsham: County Council Clinic, Fuller Avenue Wednesday (by arrangement) 10 a.m. and 1 p.m. Devizes and District Hospital Monday, 2 p.m. Malmesbury and District Hospital  1st and 3rd Friday in the month, 3 p.m. Savernake Hospital Thursday (1st and 3rd in month), 2 p.m.	Salisbury General Infirmary Monday, 9.30 a.m. 1st, 2nd, 4th and 5th Tuesdays, 9.30 a.m. Swindon: Ophthalmic Dept., Princess Margaret Hospital, Okus Road Tuesday, 2 p.m.  Trowbridge: County Council Clinic, The Halve Wednesday (by arrangement) 10 a.m. and 1 p.m. Warminster: Methodist Schoolroom, George Street 2nd, 4th and 5th Friday in month, 2.30 p.m.
Orthopaedic ... ..	Calne: The Surgery, 1 London Road Surgeon attends 2nd Tuesday at 10.30 a.m. Sister attends every Tuesday at 10.30 a.m.  Chippenham: Parish Church Rooms Corsham: County Council Clinic, Fuller Avenue These two clinics are run in conjunction with each other. Surgeon attends at one or other on 1st Wednesday in month Sister attends at each Clinic every Wednesday  Devizes: Scouts' Hall Surgeon attends 4th Thursday in month, 10.15 a.m. Sister attends 2nd and 3rd Thursdays, 10.15 a.m.  Malmesbury and District Hospital Surgeon attends 1st Thursday in month, 10.30 a.m. Sister attends 1st, 2nd, 3rd and 4th Thursdays, 10—10.30 a.m.	Salisbury General Infirmary Surgeon attends each Wednesday (morning and afternoon) Swindon: Casualty Department, G.W.R. Hospital, Taunton Street  Surgeon attends 1st and 3rd Tuesdays, 10.30 a.m. Sister attends every Tuesday, 10.30 a.m.  Trowbridge: County Council Clinic, The Halve Surgeon attends 4th Friday in month, 10.30 a.m. Sister attends every Friday, 10.30 a.m.  Warminster: District Hospital Surgeon attends on 1st Monday in month, 10.30 a.m. Weekly clinics held by After-Care Sisters every Monday
Ear, Nose and Throat	Bath: Royal United Hospital By appointment from the Hospital  Chippenham and District Hospital By appointment from the Hospital  Corsham: County Council Clinic, Fuller Avenue 2nd and 4th Saturdays in month, 9.30 a.m.  Devizes and District Hospital By appointment from the Hospital Malmesbury and District Hospital 2nd Thursday, 9.15 a.m. Melksham and District Hospital By appointment from the Hospital	Salisbury General Infirmary Tuesday, 9.30 a.m., Wednesday, 10 a.m.  Savernake Hospital By appointment from the Hospital  Swindon: Princess Margaret Hospital By appointment from the Hospital  Trowbridge: Trowbridge and Dist. Hospital 1st, 3rd and 5th Mondays in month, at 9.30 a.m. 4th Thursday in month at 9.30 a.m.  Warminster and District Hospital By appointment from the Hospital

N.B.: Children for examination at these Clinics should be referred through the Principal School Medical Officer. Eye clinics and heart clinics are held *as required* on the days and at the times stated in the table, and are not regular fixed sessions. The dental clinics listed in the table are the normal regular sessions for special and emergency cases. The premises are, however, used also by the dental officers when they are carrying out the routine treatment of children from schools in the neighbourhood.

## APPENDIX II

### HANDICAPPED CHILDREN

Category	Ascertained during 1961										Admitted to special schools during 1961		Parents refused consent to admission to Special school		No. in special schools on 22.1.62		No. in Special units or classes on 22.1.62		No. awaiting admission to special schools on 22.1.62		Type of education, if any, while awaiting admission to special school																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
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	Admission to special school	Special Education in ordinary school	Home tuition	Special Education in ordinary school	Home tuition	Exclusion from school as unsuitable	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	In ordinary school	Home tuition	No schooling	Under school age	In hospital																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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